SECTION 3.2
PARTICIPATING HOME HEALTH AGENCIES

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Foreword

WITH THE enactment of the health insurance program for the aged (Medicare), it became possible to organize a continuing information system to report the use of health care services by older Americans. Since Medicare began, one of the basic tasks has been to process and pay claims for covered medical services submitted by or on behalf of the almost 19.5 million persons entitled to hospital insurance benefits and the 17.8 million persons enrolled for supplementary medical insurance benefits. From this operation come data on the amount, the kind, and the cost of such services used by the aged.

This report is one in a series of publications designed to disseminate such data on a regular basis. It provides detailed statistical information on home health agencies participating under Medicare. Other reports in the series will present the number and characteristics of participating hospitals, extended care facilities, independent laboratories, of the insured population, and the utilization of medical care services. A listing of these reports appears on the inside cover. The reports are intended to give a comprehensive account of the amounts reimbursed under the program, the kinds of services paid for, and the variations in utilization and reimbursement by age, race, and sex of the beneficiary, as well as his place of geographic residence. Such data can provide new insights into the patterns of medical care for persons aged 65 and over. A fuller understanding of present practice can contribute to improved health services not only for the aged but for the general population of the United States as well.

Many individuals in the Social Security Administration have assisted with the development of this series. The preparation of these reports is a major function of the ORS Division of Health Insurance Studies under the supervision of Howard West, director, and Aaron Krute, deputy director, and involving a majority of its staff. Important contributions for the tabulation and presentation of the statistical content of this report were made by Frank L. Kirby, Charles G. Scott, and Theodosia Rasberry of the Statistical Processing and Procedures Branch of that division. Text preparation was the responsibility of Wayne Callahan of the Provider Stastics Branch. Special acknowledgments for publication services are made to the Division of Operating Facilities in the Office of Administration, and to the Division of Health Insurance Statistical Data of the Bureau of Data Processing and Accounts for tabulating services.

IDA C. MERRIAM,
Assistant Commissioner for Research and Statistics.

SEPTEMBER 1971.

Contents

	Page
Foreword	iii
The Statistical System of the Medicare Program	vi
Home Health Agencies Participating in the Program	ix
Characteristics of the Agencies	ix
Conditions of Participation	xi
Source of the Data	xvi
Provisions of the Law	xviii
Hospital Insurance Program	xviii
Supplementary Medical Insurance Program	xix
Eligibility	xix
Financing the Program	xx
Administration of the Program	xx

General Tables

Notes		3.2—1
3.2.1	Number of home health agencies, by type of agency, region, division, and State	3.2—2
3.2.2	Number of home health agencies and services provided, by type of agency, region, division, and State	3.3—2
3.2.3	Number of home health agencies and ratios of selected staff, by type of agency, region, division, and State	3.4—10

THIS PUBLICATION is a section of a statistical report series produced from Medicare program records. Presented on a calendar year basis, describing services rendered in the year, the series includes sections on enrollment, characteristics of providers, inpatient care in hospitals and extended care facilities, outpatient hospital services, home health services, physicians' and other medical services, and overall summaries.

The primary objective of these reports is to provide data required to measure and evaluate program operation and effectiveness. Benefit payment operations furnish information about the amount and kind of hospital and medical care services used by persons aged 65 and over, as well as the expenditures for such services. The applications by hospitals, extended care facilities, home health agencies, and independent laboratories to participate in the program provide data on the characteristics of such providers of services. The claim number assigned to each individual serves as the link between the program services utilized and the demographic characteristics of each individual recorded in the health insurance entitlement master file.

The data-collection system has two inherent characteristics that determine the scope, detail, and flexibility of the available data. First, data are collected and maintained on an individual basis so that the beneficiary and his medical experience under the program form the basic unit. Second, records for each bill paid under the program and, for a sample of beneficiaries, records of diagnoses and surgical procedures are maintained on a centralized basis. Except for intermediary operating statistics such as those relating to workloads, costs, and the like, all program statistics are centrally prepared.

THE BASIC RECORDS

The statistical system is based on five related computer-tape records: the health insurance entitlement master file, provider record, hospital insurance (Part A) utilization record, medical insurance (Part B) payment record, and the record containing information from medical insurance bills for a 5-percent sample of supplementary medical insurance enrollees.

THE HEALTH INSURANCE ENTITLEMENT MASTER FILE

The health insurance entitlement master file identifies each aged person eligible for health insurance benefits and indicates whether he is entitled to hospital benefits, to supplementary medical insurance benefits, or to both of these benefits.

This record is used to create a health insurance card that is sent to each insured person. The card contains the individual's claim number (the number used for OASDI or railroad retirement programs). It indicates the entitlement of the individual for the two parts of the Medicare program.

The entitlement record provides the population data for each part of the program and therefore serves as the base for the computation of a variety of utilization rates, limited only by its demographic content.

PROVIDER RECORD

Every hospital, home health agency, extended care facility, and independent laboratory must apply for participation in the hospital insurance program in order to be reimbursed for services provided. Data included on the application forms have been recorded in the central provider record and are updated as facilities are recertified periodically, as new ones apply for participation, or as some leave the program. When the information in this provider file is combined with utilization data, it serves to relate the characteristics of facilities and agencies that provide care to the kinds and amounts of service used by persons insured under Medicare.

UTILIZATION RECORD FOR HOSPITAL INSURANCE

The administration of the hospital insurance program requires that two items of information be known about each person at the time of his admission to a hospital—his entitlement under the program and the extent to which he has used the benefits available to him under the "benefit period" concept.

When the patient is admitted to a hospital, the admission section of the inpatient hospital admission and billing form is completed by the hospital and forwarded through its intermediary to the Social Security Administration for recording in the central record. As soon as the record is checked, normally in less than 24 hours, the intermediary is informed of the patient's benefit status and of the number of days remaining during the "benefit period."

This information is then forwarded to the hospital. At discharge, the hospital completes the billing section of the form and sends it to the intermediary for payment. When approval for payment has been made, the intermediary forwards the claim to the Social Se-

curity Administration for inclusion in the central record.

As part of this process, information on diagnoses and surgical procedures are coded for a 20-percent sample of beneficiaries based on specific combinations of digits in the health insurance claim number. Copies of admission and billing forms are handled in a comparable manner by home health agencies and extended care facilities. The outpatient billing form is also transmitted to the Social Security Administration for recording in the central record after the bill is approved for payment by the intermediary.

All the information on utilization experience in hospital and extended care facilities that is needed to administer the "benefit period" provision is recorded in the central record. This information includes stays in certain nonparticipating institutions that meet the definition of a hospital or extended care facility under the law, and days of care not covered or reimbursable under the program.

Each admission and billing form contains both the beneficiary's claim number and the provider's identification number. The resulting tape record can be readily matched to the beneficiary files and the provider files. By this process, a statistical tape record is created for the sample of insured persons that contains all the available information needed for tabulation from the three files related to Part A utilization.

PAYMENT FOR MEDICAL INSURANCE

Payment or reimbursement under the SMI program is made only after receipt by the carriers (intermediaries involved in Part B of the Medicare program) of bills having allowed charges exceeding $50 during a calendar year period.

For the insured population, carriers need to know from a central source that the deductible has been met; thereafter, during the remainder of the calendar year, the only additional information required from the Social Security Administration for reimbursement or payment purposes is whether the person is still enrolled under the SMI program.

For administration and operation of the program, the Social Security Administration must have accurate and complete information on the amounts paid by the carriers for physician services and for other services and supplies under this part of the program. To meet these needs, carriers furnish a payment record consisting of tape, punched card, or other machine-readable record of each bill paid. A "bill" is defined as a request for payment from or on behalf of a beneficiary as the result of services provided by a single physician or supplier.

The payment record also contains selected items of information needed to supply an efficient basis for drawing samples of the bills. These items provide a sampling frame that may be used to draw additional samples designed to obtain specific information not furnished reliably by the basic sample of enrolled persons under the medical insurance program.

THE MEDICAL INSURANCE SAMPLE

Although the payment record provides a rapid method for summarizing payment data and a sampling frame for efficiently drawing additional samples of bills, it does not provide specific data on diagnoses, procedures, and related charges.

Basic statistics on the utilization of physician and other services covered under the supplementary medical insurance program are derived from bills paid by intermediaries to or on behalf of a continuous 5-percent sample of all enrolled persons. Intermediaries have been given specific combinations of digits of the health insurance claim number to be used in selecting the 5-percent sample, which is a sub-sample of the 20-percent sample used for hospital insurance program data.

Bills are submitted either directly on an SSA request for payment form, or on the SSA form in combination with the physician's billing form. Both methods are designed to provide information on the date and place of each service, the procedure carried out or service provided, the condition treated (diagnosis), and the physician's or supplier's charge for the specific service.

All of the bills of persons in the 5-percent sample to or for whom payment is made under the program, including those used to meet the annual $50 deductible, are included in the sample and coded. However, data are not available through these procedures for persons in the sample who do not meet the $50 deductible. Such data are collected by means of the Current Medicare Survey, with data made available in a separate report series.[1]

For hospital-based physicians who have authorized the provider to collect the fee for their services, the provider billing for patient services by physicians form is used. This form is completed for each patient. It includes descriptive information on the date and place of each service, the diagnoses, procedures, and the charges. These bills are received centrally for the 5-percent sample of persons enrolled for supplementary medical insurance.

[1] Jack Scharff, "Current Medicare Survey: The Medical Insurance Sample," *Social Security Bulletin*, April 1967.

Home Health Agencies Participating in the Program

TITLE XVIII of the Social Security Act, introduced as part of the 1965 amendments, provides health insurance protection for the aged. To implement the law, two separate but complementary programs were established. The first of these, the hospital insurance (HI) program, provides protection against the cost of hospital and related post-hospital care. The second, termed supplementary medical insurance (SMI), provides coverage of physicians' services and a number of other health items and services not included under the HI program. Both programs cover services provided by home health agencies. These agencies include visiting nurse associations, subdivisions of State or local health departments or other State or local departments, combinations of visiting nurse associations and local health departments, and home care divisions of hospitals or other health care institutions offering home health services.

A home health agency is a public agency or private organization or a subdivision of such an agency or organization that is primarily engaged in providing skilled nursing and other therapeutic services.[1] This report presents selected data on the number, type, and location of agencies providing home health services under Medicare at any time in the period January-December 1967, as well as the kinds of services provided and number of nursing staff employed.

Official health agencies increased by 166 between 1966 and 1967. Geographically, the East South Central States showed the largest increase over the 2-year period (60 agencies). All other geographical divisions showed at least moderate increases. Certifications that providers meet the conditions for participation are made to the Secretary of Health, Education, and Welfare by State agencies selected for this purpose. A participating provider is a certified facility or agency that has entered into an agreement with the Social Security Administration not to charge for covered items and services, except deductible and coinsurance amounts, where applicable, and to provide services on a nondiscriminatory basis in compliance with title VI of the Civil Rights Act of 1964.

[1] "Conditions of Participation: Home Health Agencies" (HIR-12), Social Security Administration.

In calendar year 1967, 2,111 home health agencies participated in the Medicare program, a net increase of 261 over the number that participated in 1966.[2]

Characteristics of the Agencies

TYPE AND GEOGRAPHIC DISTRIBUTION OF FACILITIES

The overwhelming majority of participating home health agencies are either official health agencies, that is, agencies administered by State or local health departments, or visiting nurse associations (table A). Official health agencies accounted for 59 percent of the 2,111 participating agencies in 1967, and visiting nurse associations represented an additional 27 percent of the total. These two types of agencies have traditionally provided the bulk of home health services.

There are geographic differences by type of participating agency. Visiting nurse associations made up 71 percent of all home health agencies in New England, compared with 3 percent in the East South Central States. In contrast, 23 percent of the agencies in New England were official health agencies, while over 90 percent of the agencies in the South Central States were administered by State or local health departments.

In only three geographic divisions did hospital-based programs represent more than 10 percent of the participating agencies in the program—the Middle Atlantic States, with 20 percent; the West North Central States, with 16 percent; and the Mountain States, with 14 percent.

In eight States, the State health department elected to participate as a single statewide agency. Technically, each of these health departments constitutes one home health agency. To measure the availability of services with greater geographic precision, however, each individual local unit in these States has been identified and counted separately. The number of sub-units of statewide agencies counted in this way are: Alabama, 37 counties; Arkansas, 68 counties; Delaware, 3 counties; Louisiana, 47 parishes; Okla-

[2] Social Security Administration, Office of Research and Statistics, *Health Insurance for the Aged, 1966: Section 3.2, Participating Home Health Agencies* (Washington, D.C.: U.S. Government Printing Office, 1970).

TABLE A.—Number and percentage distribution of participating home health agencies, by type of agency, division, and State, 1967

Division and State	All home health agencies	Visiting nurse association	Combined government and voluntary agency	Official health agency	Hospital-based agency	Other
		Percentage distribution				
All areas	2,111	27	5	59	8	2
United States	2,107	27	5	59	8	2
New England	370	71	2	23	5	0
Maine	23	61	4	17	17	—
New Hampshire	33	79	—	15	3	3
Vermont	9	78	—	22	—	—
Massachusetts	179	65	2	27	6	—
Rhode Island	23	91	—	4	4	—
Connecticut	103	75	1	23	1	—
Middle Atlantic	333	34	4	42	20	0
New York	136	20	5	45	30	—
New Jersey	55	51	5	27	16	—
Pennsylvania	142	42	3	44	11	1
East North Central	321	26	5	60	6	3
Ohio	103	23	6	68	2	1
Indiana	26	38	8	46	4	4
Illinois	84	30	6	51	8	5
Michigan	50	22	6	66	6	—
Wisconsin	58	24	—	62	9	5
West North Central	135	15	9	57	16	3
Minnesota	47	6	6	77	9	2
Iowa	20	60	25	10	5	—
Missouri	21	14	—	48	29	10
North Dakota	7	—	—	86	14	—
South Dakota	5	20	—	60	20	—
Nebraska	5	—	20	—	60	20
Kansas	30	3	10	67	20	—
South Atlantic	316	7	10	79	2	2
Delaware	8	13	13	50	13	13
Maryland	27	7	—	89	4	—
District of Columbia	2	50	—	50	—	—
Virginia	130	2	—	98	—	—
West Virginia	20	10	5	75	5	5
North Carolina	16	13	13	69	—	6
South Carolina	39	3	—	95	—	3
Georgia	12	8	8	67	8	8
Florida	62	16	45	35	2	2
East South Central	194	3	—	94	4	—
Kentucky	15	13	—	53	33	—
Tennessee	78	1	—	99	—	—
Alabama	54	4	—	96	—	—
Mississippi	47	—	—	96	4	—
West South Central	206	6	0	91	0	2
Arkansas	69	1	—	99	—	—
Louisiana	54	7	—	87	—	6
Oklahoma	53	—	2	98	—	—
Texas	30	23	—	70	3	3
Mountain	74	9	16	58	14	3
Montana	13	—	—	69	23	8
Idaho	10	—	20	40	40	—
Wyoming	8	—	—	100	—	—
Colorado	17	12	35	47	—	6
New Mexico	5	20	20	40	20	—
Arizona	10	20	20	50	10	—
Utah	8	13	—	75	13	—
Nevada	3	33	33	33	—	—
Pacific	158	25	5	50	9	10
Washington	27	11	15	63	11	—
Oregon	30	10	—	83	3	3
California	98	35	4	36	9	15
Alaska	1	—	—	100	—	—
Hawaii	2	—	—	50	50	—
Outlying areas	4	25	—	50	25	—
Guam	1	—	—	100	—	—
Puerto Rico	2	50	—	—	50	—
Virgin Islands	1	—	—	100	—	—

homa, 49 counties; Pennsylvania, 44 counties; South Carolina, 37 counties; and Virginia, 127 counties and independent cities.

Comparing the distribution of persons enrolled in the Medicare program with the number of participating agencies and the number of nurses (expressed in full-time equivalents) employed by those agencies, provides a rough measure of the geographic differences in the availability of services of home health agencies (table B). It is recognized that the agencies vary considerably in size (measured by the number of employed staff), in the range of services provided, and in the number of patients served. It is also recognized that agencies service the general population as well as those enrolled in Medicare. Even without consideration of these factors, it seems clear that there are wide variations in the availability of home health services in the Nation. Almost one-fifth (18 percent) of the agencies, but only 7 percent of the Medicare enrollees, are located in New England. In the Pacific States, however, the opposite is true—only 7 percent of the agencies are located in this area, compared with 12 percent of the enrollees. Variation is also evident if the number of nurses employed by the agencies is compared to the number of persons enrolled in Medicare in the various geographical areas.

TABLE B.—Number and percentage distribution of persons enrolled in the Medicare program, participating home health agencies, and nurses employed, by division, 1967

Division	Persons enrolled [1]		Participating home health agencies		Nurses employed [2]		Persons enrolled per nurse
	Number (in thousands)	Percentage distribution	Number	Percentage distribution	Number	Percentage distribution	
United States	19,072	100	2,107	100	16,868.1	100	1,131
New England	1,245	7	370	18	1,625.7	10	766
Middle Atlantic	3,815	20	333	16	3,625.7	21	1,052
East North Central	3,710	19	321	15	2,503.1	15	1,482
West North Central	1,877	10	135	6	651.9	4	2,879
South Atlantic	2,626	14	316	15	3,221.1	19	815
East South Central	1,211	6	194	9	1,093.8	6	1,107
West South Central	1,711	9	206	10	1,167.0	7	1,466
Mountain	638	3	74	4	582.8	3	1,095
Pacific	2,239	12	158	7	2,397.1	14	934

[1] Persons enrolled in the hospital and/or supplementary medical insurance program as of July 1, 1967.
[2] Includes registered professional nurses and licensed practical nurses expressed in terms of full-time equivalents.

The New England, South Atlantic, and Pacific States show an average of under 1,000 persons enrolled in Medicare for each nurse employed. In contrast, agencies in the West North Central States average about one nurse for every 3,000 enrollees.

The enrolled population residing in counties in which home health agencies are located is another measure of the availability of home health services (table C). Approximately 15.4 million (81 percent) of the enrolled population in the United States reside in counties where home health agencies are located. In the New England, Middle Atlantic, and Pacific States, over 95 percent of the people enrolled live in counties where participating agencies are located, in contrast to a low of 48 percent in the West North Central States. All the counties in seven States have at least one home health agency. These include Connecticut, Delaware, Massachusetts, New Hampshire, New Jersey, Rhode Island, and the District of Columbia.

The location of an agency within the borders of a county does not guarantee the availability of that agency's services to the entire population of the county. Conversely, the absence of an agency within

the borders of a county does not necessarily mean that services are unavailable. Agencies differ in the geographical areas they service. Some agencies service less than countywide areas while others may service county or multicounty areas. (Reference to table C should be made with these qualifications in mind.)

TABLE C.—Number of home health agencies, persons enrolled in Medicare, and enrolled population residing in counties with home health agencies, by division and State, 1967

Division and State	All home health agencies	Persons enrolled [1] (in thousands)	Enrolled population residing in counties with home health agencies	
			Number (in thousands)	Percent of total
United States	2,107	19,072	15,440	81
New England	370	1,245	1,201	97
Maine	23	117	89	77
New Hampshire	33	78	78	100
Vermont	9	48	33	68
Massachusetts	179	624	624	100
Rhode Island	23	101	101	100
Connecticut	103	276	276	100
Middle Atlantic	333	3,815	3,768	99
New York	136	1,917	1,882	98
New Jersey	55	663	663	100
Pennsylvania	142	1,235	1,224	99
East North Central	321	3,710	3,097	83
Ohio	103	970	888	92
Indiana	26	480	251	52
Illinois	84	1,068	922	86
Michigan	50	734	651	89
Wisconsin	58	458	385	84
West North Central	135	1,877	896	84
Minnesota	47	399	292	37
Iowa	20	349	156	45
Missouri	21	545	218	40
North Dakota	7	65	25	39
South Dakota	5	79	16	20
Nebraska	5	179	64	36
Kansas	30	260	123	47
South Atlantic	316	2,626	1,947	74
Delaware	8	43	43	100
Maryland	27	273	230	84
District of Columbia	2	69	69	100
Virginia	130	340	295	87
West Virginia	20	192	112	59
North Carolina	16	384	147	38
South Carolina	39	180	152	85
Georgia	12	344	131	38
Florida	62	802	768	96
East South Central	194	1,211	770	64
Kentucky	15	328	86	26
Tennessee	78	364	331	91
Alabama	54	307	211	69
Mississippi	47	213	142	67
West South Central	206	1,711	1,170	68
Arkansas	69	225	218	97
Louisiana	54	288	246	85
Oklahoma	53	283	240	85
Texas	30	917	467	51
Mountain	74	638	449	70
Montana	13	68	37	55
Idaho	10	65	32	49
Wyoming	8	29	15	52
Colorado	17	180	138	77
New Mexico	5	65	29	45
Arizona	10	134	122	91
Utah	8	71	57	80
Nevada	3	26	20	77
Pacific	158	2,239	2,141	96
Washington	27	308	260	85
Oregon	30	213	203	95
California	98	1,673	1,650	99
Alaska	1	6	1	17
Hawaii	2	39	27	70

[1] Persons enrolled in the hospital and /or supplementary medical insurance program as of July 1, 1967.

AVAILABLE HOME HEALTH SERVICES

The lack of homogeneity among all home health agencies is a noteworthy characteristic of these providers of services. Agencies differ greatly, for example, in the number and variety of services offered. At one end of the spectrum are agencies that provide primarily intermittent or part-time nursing service and one or more other therapeutic services to the housebound. At the other end are agencies providing comprehensive home care programs that coordinate under a central administration the provision of medical, nursing, social, and other services in the home for the patient with multiple medical and paramedical needs. Some of these programs limit admission to very ill or seriously handicapped persons; others admit less seriously ill persons who need only one or two types of service.

To participate in the health insurance program, each of the 2,111 home health agencies certified in the period had to offer skilled nursing care and at least one other therapeutic service. There are 10 *identifiable* types of service available from home health agencies in addition to skilled nursing care (table D). Over 70 percent of the participating agencies provided physical therapy; services of home health aides were available from 43 percent of the agencies. Close to 20 percent of the participating agencies provided nutritional guidance, medical appliances and equipment, medical social services, and speech therapy.

There is also a large amount of variation in the type of services available in individual States. For example, physical therapy services, available from 71 percent of the participating agencies nationally, are offered in each of the eight agencies in Delaware but by none of the eight agencies in Wyoming. Comparable differences in the availability of services (other than nursing care) may be found for all of the other nine types of services.

Table E shows the distribution of the States and territories with at least one participating home health agency according to the relative availability of specified services. There are four States where physical therapy is available in less than 20 percent of the participating agencies. In 23 States, by contrast, 80 percent or more of the agencies offer this service. Except for physical therapy and the services of home health aides, in nearly all the States each of the home services specified is available in less than two-fifths of the agencies participating.

Home health agencies are required to provide nursing care and at least one other therapeutic service in order to qualify for participation in the Medicare program. As would be expected, as the size of the agency nursing staff increases, the number of other services also tend to increase (table F). While 45 percent of all participating agencies provided only one therapeutic service in addition to nursing care, almost two-thirds of these were represented by agencies that employed less than four nurses.

Conditions of Participation

The following material is excerpted from the Code of Federal Regulations, Title 20, Chapter III, Part 405, "Conditions of Participation: Home Health Agencies" (HIR–12), Social Security Administration.

TABLE D.—Number of participating home health agencies and percent offering selected services, by division and State, 1967

Division and State	All home health agencies	Nursing care	Physical therapy	Occupational therapy	Speech therapy	Medical social services	Home health aide services	Interns and residents	Nutritional guidance	Pharmaceutical service	Appliances and equipment	Vocational guidance	Other
		Percent											
All areas	2,111	100	71	16	21	21	43	2	20	9	19	2	6
United States	2,107	100	71	16	21	21	43	2	20	9	19	2	6
New England	370	100	80	22	18	14	24	0	5	2	10	0	3
Maine	23	100	61	30	17	13	9	—	—	—	13	—	—
New Hampshire	33	100	82	18	15	18	9	—	6	3	9	3	3
Vermont	9	100	56	33	22	22	11	—	—	—	44	—	—
Massachusetts	179	100	75	14	13	18	16	1	6	2	12	—	5
Rhode Island	23	100	83	4	—	13	22	—	17	4	13	—	4
Connecticut	103	100	92	39	30	6	49	—	4	1	3	—	
Middle Atlantic	333	100	91	14	18	42	41	6	32	14	28	5	14
New York	136	100	91	13	17	35	46	9	56	24	42	10	24
New Jersey	55	100	91	18	27	22	80	7	27	13	35	2	9
Pennsylvania	142	100	91	13	15	56	21	2	10	4	12	1	6
East North Central	321	100	66	21	31	12	42	2	14	7	16	2	6
Ohio	103	100	63	10	31	2	50	—	13	7	13	—	4
Indiana	26	100	58	12	31	12	69	—	15	8	15	4	12
Illinois	84	100	81	21	33	14	19	6	17	8	18	2	7
Michigan	50	100	70	22	38	26	46	—	14	4	4	—	—
Wisconsin	58	100	52	43	21	12	47	3	10	5	29	5	10
West North Central	135	100	59	18	27	10	64	3	16	8	18	1	6
Minnesota	47	100	49	23	19	4	79	—	17	4	21	—	2
Iowa	20	100	65	10	15	5	60	—	—	5	15	—	10
Missouri	21	100	67	29	33	38	86	19	43	29	43	10	19
North Dakota	7	100	71	29	57	—	71	—	—	—	—	—	—
South Dakota	5	100	60	—	20	—	60	—	20	—	—	—	—
Nebraska	5	100	60	—	—	—	60	—	—	—	—	—	—
Kansas	30	100	60	10	43	7	30	—	10	7	7	—	3
South Atlantic	316	100	48	13	20	12	64	2	13	3	11	2	6
Delaware	8	100	100	38	63	63	25	—	63	13	25	—	38
Maryland	27	100	85	22	19	33	33	11	41	4	26	4	7
District of Columbia	2	100	100	100	50	100	100	—	100	50	100	—	100
Virginia	130	100	17	—	4	3	96	—	2	—	2	—	1
West Virginia	20	100	55	—	25	35	65	—	15	20	25	—	10
North Carolina	16	100	88	—	6	6	50	—	38	—	38	13	25
South Carolina	39	100	44	18	28	5	49	3	3	—	8	3	3
Georgia	12	100	58	25	50	25	67	17	25	8	17	—	17
Florida	62	100	77	34	39	10	27	—	13	3	8	2	3
East South Central	194	100	95	2	26	23	32	1	45	29	33	1	3
Kentucky	15	100	53	—	7	27	67	7	73	20	60	—	7
Tennessee	78	100	100	3	49	46	33	—	22	3	3	3	3
Alabama	54	100	100	2	17	—	11	—	94	94	94	—	—
Mississippi	47	100	96	2	4	9	43	—	19	2	4	—	6
West South Central	206	100	50	4	9	25	34	0	31	2	18	1	3
Arkansas	69	100	100	—	—	—	—	—	52	—	—	—	—
Louisiana	54	100	15	2	4	70	11	—	30	4	6	—	2
Oklahoma	53	100	6	—	6	9	100	—	2	—	47	—	2
Texas	30	100	73	23	43	30	37	3	37	7	33	10	13
Mountain	74	100	66	23	22	22	54	3	18	5	15	1	5
Montana	13	100	77	23	8	—	38	—	15	—	23	—	8
Idaho	10	100	90	10	10	20	30	—	20	20	20	—	10
Wyoming	8	100	—	—	—	—	100	—	—	—	—	—	—
Colorado	17	100	65	41	41	24	24	—	6	—	—	—	—
New Mexico	5	100	80	20	40	60	80	—	80	—	60	—	20
Arizona	10	100	60	40	40	30	100	10	10	10	10	10	10
Utah	8	100	88	13	13	50	63	13	38	13	25	—	—
Nevada	3	100	67	—	—	—	33	—	—	—	—	—	—
Pacific	158	100	74	26	25	36	57	2	21	14	27	3	8
Washington	27	100	74	22	22	30	7	4	15	11	11	4	11
Oregon	30	100	67	20	27	33	57	—	23	7	50	3	10
California	98	100	75	28	24	38	72	2	21	16	24	2	6
Alaska	1	100	100	—	—	100	—	—	—	—	—	—	—
Hawaii	2	100	100	100	50	50	—	—	50	50	50	—	50
Outlying areas	4	100	100	25	50	50	75	—	75	50	50	25	25
Guam	1	100	100	—	—	—	—	—	—	—	—	—	—
Puerto Rico	2	100	100	50	50	50	100	—	100	50	50	50	—
Virgin Islands	1	100	100	—	100	100	100	—	100	100	100	—	100

Definition of home health agency.—As noted earlier, a home health agency under the health insurance program for the aged must be a public agency or private organization or a subdivision of such an agency or organization that is primarily engaged in providing skilled nursing and other therapeutic services. It must also have policies established by an advisory group of professional personnel (including at least one physician and one registered nurse) to govern and supervise the services it provides, and it must maintain clinical records on all patients. In the case of an agency or organization in any State in which State or applicable local law provides for the licensing of agencies or organizations of this type, the agency must be licensed pursuant to such law, or be approved by the licensing agency of the State or locality as meeting the standards established for licensing home health agenices. In addition, the agency must meet such other conditions of participation as the Secretary of Health, Education, and Welfare may find necessary in the interest of the health and safety of individuals who are furnished services by such agency or organization.

Private organizations that are not nonprofit groups exempt from Federal income taxation under section 501 of the Internal Revenue Code of 1954 may not be considered to be home health agencies unless they are licensed under State law and meet additional stand-

TABLE E.—Percentage distribution of participating home health agencies offering specified services, 1967

Percent of agencies	Physical therapy	Occupational therapy	Speech therapy	Medical social services	Home health aide services	Interns and residents	Nutritional guidance	Pharmaceutical service	Appliances and equipment	Vocational guidance	Other
Total	100	100	100	100	100	100	100	100	100	100	100
Under 20.0	7	56	46	50	22	100	57	81	56	98	87
20.0–39.9	—	33	30	30	22	—	20	9	22	—	7
40.0–59.9	15	7	20	9	17	—	9	6	13	2	2
60.0–79.9	35	—	2	6	20	—	4	—	4	—	—
80.0 or more	43	4	2	6	19	—	9	4	6	—	4

TABLE F.—Number and percentage distribution of participating home health agencies, by number of therapeutic services[1] provided in addition to nursing care, and number of nurses[2] employed, 1967

Number of nurses employed	All home health agencies	Therapeutic services provided in addition to nursing care				
		1	2	3	4	5
	Number					
All areas	2,111	940	551	230	157	233
0.00–1.99	544	290	109	58	24	63
2.00–3.99	641	330	158	52	52	49
4.00–9.99	552	224	173	67	31	57
10.00–19.99	207	68	70	22	24	23
20.00–49.99	113	24	32	21	15	21
50.00 or more	54	4	9	10	11	20
	Percentage distribution					
All areas	100	45	26	11	7	11
0.00–1.99	100	53	20	11	4	12
2.00–3.99	100	51	25	8	8	8
4.00–9.99	100	41	31	12	6	10
10.00–19.99	100	33	34	11	12	11
20.00–49.99	100	21	28	19	13	19
50.00 or more	100	7	17	19	20	37

[1] Includes physical, speech, or occupational therapy, medical social services, or home health aide services.
[2] Includes registered professional nurses and licensed practical nurses expressed in terms of full-time equivalents.

ards and requirements prescribed in the regulations. Under the hospital insurance program only, an agency that provides care and treatment primarily of patients with mental diseases cannot be considered a home health agency.

The Secretary may, at the request of a State, establish higher health and safety requirements for agencies in that State than in other States. Where a State or political subdivision establishes higher requirements for home health agencies as a condition for the purchase of services under title I, XVI, or XIX of the Social Security Act, the same requirements must be applied under Medicare.

All home health agencies must also comply with the requirements of title VI of the Civil Rights Act of 1964. This Act provides that no person, on the ground of race, color, or national origin shall be excluded from participation in, be denied the benefits of, or be subject to discrimination under any program or activity receiving Federal financial assistance.

Certification of home health agencies.—Agencies that wish to participate under the Medicare program must apply for and establish their eligibility to do so. The agency must demonstrate that it meets the specific statutory requirements described above and is in substantial compliance with the additional conditions of participation prescribed by the Secretary of Health, Education, and Welfare.

Title XVIII of the Social Security Act provides that State agencies, operating under agreements with the Secretary, will determine whether prospective home health agencies meet the conditions of participation. These State agencies certify to the Secretary of Health, Education, and Welfare those home health agencies that they find to be in substantial compliance with the conditions. On the basis of such certification from the State agency, the Secretary determines whether or not a home health agency may participate in the health insurance program as a provider of services. Agencies that wish to participate and have met the requirements for certification must enter into an agreement with SSA not to charge beneficiaries for covered items and services, to return any money collected incorrectly, and to comply with title VI of the Civil Rights Act of 1964 by providing services on a nondiscriminatory basis.

State agencies must show that the home health agency meets the specific statutory requirements and is found to be operating in accordance with all other conditions of participation with no significant deficiencies. Agencies that have deficiencies with respect to one or more other conditions of participation may still be certified if they are making reasonable plans and efforts to correct them, and are rendering adequate care that does not adversely affect the health and safety of beneficiaries being provided services.

Notice of determination of eligibility or noneligibility made by the HEW Secretary on the basis of a State agency recommendation is sent to the home health agency by SSA after such review and professional consultation with the Public Health Service as may be required. If it is determined that the home health agency does not comply with the conditions of participation, the home health agency may appeal such determination and request a hearing.

Where, by reason of isolated location, the denial of certification of a home health agency to participate in Medicare seriously limits the availability of home health services to beneficiaries, a home health agency may, upon recommendation by the State agency, still be approved by the Secretary as a provider of services. Such approvals are granted only where there are no deficiencies of such character and seriousness as to place health and safety of individuals in jeopardy. A home health agency receiving this special *limited access* approval must furnish information showing the extent to which it is making the best use of its resources to improve its quality of care.

All initial certifications by the State agency to the effect that a home health agency is in substantial compliance with the conditions of participation are for a period of 2 years, which began July 1, 1966, or, if later, with the date on which the home health agency was first found to be in substantial compliance with the conditions. State agencies then visit or resurvey home health agencies where necessary to ascertain continued compliance. A State finding and certification to the Secretary that an agency is no longer in compliance may occur within a 2-year or subsequent period of certification and thereby terminates the State's certification as to compliance. Agencies certified on a *limited access* basis are resurveyed at least annually.

Almost two-thirds of the home health agencies certified for participation in the Medicare program during 1967 were found to have no significant deficiencies (table G). The remainder of the agencies were certified as having correctible deficiencies except for four hospital-based agencies that were accorded special certification (limited access) status.

TABLE G.—Number and percentage distribution of participating home health agencies, by type of agency and level of certification, 1967

Level of certification	All home health agencies	Visiting nurse association	Combined government and voluntary agency	Official health agency	Hospital-based agency	Other
	Number					
All areas	2,111	567	102	1,238	161	43
No significant deficiencies	1,391	348	67	878	72	26
Correctible deficiencies	716	219	35	360	85	17
Special certification	4	—	—	—	4	—
	Percentage distribution					
All areas	100.0	100.0	100.0	100.0	100.0	100.0
No significant deficiencies	65.9	61.4	65.7	70.9	44.7	60.5
Correctible deficiencies	33.9	38.6	34.3	29.1	52.8	39.5
Special certification	0.2	—	—	—	2.5	—

Home health services.—The primary functions of the home health agency include the provision of skilled nursing services and other therapeutic services on a visiting basis in a place of residence used as the beneficiary's home. In addition to skilled nursing services, the agency must provide at least one other therapeutic service such as physical therapy, speech therapy, occupational therapy, medical social services, or home health aide services. Further, the agency must designate a physician or registered professional nurse to supervise the agency's performance in providing these services in accordance with the orders of the physician responsible for the care of the patient and under a plan of treatment established by this physician. In cases where a public or voluntary nonprofit health agency provides directly either only skilled nursing services or only other therapeutic services, evidence must be shown that it furnishes the services that it does not directly provide through arrangements with other public or voluntary nonprofit agencies.

Services covered under both programs, whether provided by the home health agency or by others under arrangements with the home health agency, include intermittent nursing care; physical, occupational, and/or speech therapy; and other related home health services furnished by visiting nurse agencies, public agencies, facility based home health programs, and similar agencies. While the home health patient is expected to be housebound to be eligible for the services to be covered, provision is made for the patient to receive services in a hospital, extended care facility, rehabilitation center, and the like, where the service requires the use of nontransportable equipment and the home health agency assumes the responsibility for arranging and billing for such services. If such services are administered at a rehabilitation center that is not participating in the program as a hospital or home health agency, the rehabilitation center must meet all applicable State and local legal requirements for health and safety.

The plan for services.—Services from the home health agency may be furnished to an individual only while he is under the care of a physician. This physician may be the patient's private physician, a physician on the staff of the home health agency, a physician working under an arrangement with the institution that is the patient's residence or, if the agency is hospital-based, a physician on the hospital or agency staff. The attending physician establishes the plan of treatment, certifies to the necessity for home health services, and periodically reviews the plan relating the services to the patient's condition. A plan is "established" when it is reduced to writing by the physician and is made available to the home health agency that has accepted the patient as a client. The plan specifies the types of services required, and as far as possible provides a long-range forecast of likely changes in the patient's condition. It includes the diagnosis, when and what nursing services are needed, the drugs and medications expected to be used, the patient's diet, permitted activities, rehabilitation, therapy required, medical social services needed, home health aide services needed, and supplies and appliances to be used.

The plan is signed by the attending physician and incorporated into the agency's permanent record for the patient. Changes are required to be made in writing and signed by the physician or by a registered professional nurse on the staff of the agency pursuant to the physician's verbal orders. All changes in orders for dangerous drugs and narcotics are required to be signed by the physician.

The plan is reviewed by the attending physician, in consultation with agency professional personnel, at such intervals as the severity of the patient's illness requires but at least every 2 months.

Source of the Data

Each home health agency seeking to establish eligibility for participation in the health insurance program submits a completed "Request to Establish Eli-

Figure 1.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

Form Approved.
Budget Bureau No. 72-R726

HOME HEALTH AGENCY REQUEST TO ESTABLISH ELIGIBILITY IN THE HEALTH INSURANCE FOR THE AGED PROGRAM

All home health agencies desiring to establish their eligibility in the health insurance program should complete this form and return it to the State agency that is handling the certification process. If a return envelope is not provided, the name and address of the State agency may be obtained from the nearest Social Security Administration district office.

SUBMISSION OF THIS FORM AND ESTABLISHING ELIGIBILITY DOES NOT OBLIGATE A HOME HEALTH AGENCY TO PARTICIPATE. AN AGREEMENT WILL BE MADE AVAILABLE BY THE SOCIAL SECURITY ADMINISTRATION AT A LATER DATE TO HOME HEALTH AGENCIES WHO HAVE ESTABLISHED ELIGIBILITY. THERE IS NO COMMITMENT UNTIL THE AGREEMENT IS SIGNED.

DO NOT WRITE IN THIS SPACE
ID
S/C
SMSA
DO
DATE CERTIFIED
CERTIFICATION

I. Identifying Information

A. NAME OF AGENCY	STREET ADDRESS	
CITY, COUNTY, AND STATE	ZIP CODE	TELEPHONE NO. *(Including area code)*
NAME OF CHIEF ADMINISTRATIVE OFFICER	TITLE	
B. NAME AND ADDRESS OF PARENT INSTITUTION *(If applicable)*		

ITEMS II THROUGH VI ARE FOR STATISTICAL PURPOSES

II. Type of Health Agency *(Check one)*

- 1 ☐ Visiting Nurse Association
- 2 ☐ Combination Government and Voluntary Agency
- 3 ☐ Official Health Agency
- 4 ☐ Rehabilitation Facility Based Program
- 5 ☐ Hospital Based Program
- 6 ☐ Extended Care Facility Based Program
- 7 ☐ Other *(Specify)* _____

III. Type of Control *(Check one)*

- 01 ☐ Voluntary Non-Profit Other Than Church
- 02 ☐ Voluntary Non-Profit Church
- 03 ☐ State Health Department
- 04 ☐ State Welfare Department
- 05 ☐ Other State Departments
- 06 ☐ City or County Health Department
- 07 ☐ City or County Welfare Department
- 08 ☐ Other City or County Departments
- 09 ☐ Combination Govt. and Voluntary
- 10 ☐ Proprietary
- 11 ☐ Other *(Specify)* _____

IV. Services Provided by Agency Staff or Under Arrangements *(Check all applicable)*

- 01 ☐ Nursing Care
- 02 ☐ Physical Therapy
- 03 ☐ Occupational Therapy
- 04 ☐ Speech Therapy
- 05 ☐ Medical Social Services
- 06 ☐ Home Health Aide—Homemaker Service
- 07 ☐ Interns and Residents
- 08 ☐ Nutritional Guidance
- 09 ☐ Pharmaceutical Service
- 10 ☐ Appliances and Equipment Service
- 11 ☐ Vocational Guidance
- 12 ☐ Other *(Specify)* _____

Some of these services are not reimburseable under the Health Insurance Program. See the Conditions of Participation for those services which are reimburseable.

V. Physicians

NUMBER OF PHYSICIANS ON THE MEDICAL STAFF

VI. Number of Employees on the Agcy. Staff *(Full-Time Equivalents)*

A. REGISTERED PROFESSIONAL NURSES	B. LICENSED PRACTICAL NURSES	C. QUALIFIED PHYSICAL THERAPISTS	D. QUALIFIED OCCUPATIONAL THERAPISTS
E. QUALIFIED SPEECH THERAPISTS	F. HOME HEALTH AIDES	G. QUALIFIED MEDICAL SOCIAL WORKERS	H. ALL OTHERS

SIGNATURE OF AUTHORIZED OFFICIAL	TITLE	DATE

FORM **SSA-1515** (3-66)

gibility" (Form SSA–1515, figure 1) through the State agency and the regional office of the Social Security Administration to the central office. The data on this form, and that on the "Certification and Transmittal" (Form SSA–1539, figure 2), are the sources for the information shown in the general tables.

Upon receipt of these forms in the Social Security Administration's central office, the information describing the characteristics of the home health agency is entered into a master provider of service file for storage and retrieval. This provider record is updated as agencies are periodically recertified, as new agencies apply and are accepted for participation, or as some leave the program. The detailed information about each provider recorded in the statistical tapes includes such items as the State and county in which the agency is located, type of home health agency, and types of services provided.

TYPE OF AGENCY

The several different kinds of home health agencies most commonly participating under the Medicare program are defined below.

Visiting nurse association: A voluntary, nonofficial agency administered by a citizens' group, usually supported by earnings and/or contributions.

Combination government and voluntary agency: An agency jointly administered by a voluntary group and a government agency, and supported by both tax funds and contributions. Such a home health agency is usually one jointly administered by a State or local health department and a visiting nurse association.

Official health agency: An agency administered by a State, county, or other local unit of government, supported by tax funds.

Hospital-based agency: An agency administered by a hospital, supported by taxes and/or community funds.

Other agencies: Groups other than visiting nurse associations, combination government and voluntary agencies, official health agencies, or hospital-based agencies, that administer organized programs. Such agencies might include those that are rehabilitation facility-based, extended care facility-based, industrial, proprietary, or other home care programs.

TYPES OF REIMBURSABLE SERVICES

The types of reimbursable services are defined in the following paragraphs.

Skilled nursing service: Professional nursing service provided by or under the supervision of a registered professional nurse, currently licensed by the State, in accordance with the orders of a physician.

Physical therapy: Service provided by or under the supervision of a qualified physical therapist in accordance with a physician's orders. A qualified physical therapist is a graduate of a program in physical therapy approved by the Council on Medical Education of the American Medical Association in collaboration with the American Physical Therapy Association, or one who has had equivalent training. When applicable, the therapist is licensed or registered by the State.

Speech therapy: Speech pathology or audiology provided by or under the supervision of a qualified speech therapist in accordance with a physician's orders. A qualified speech therapist is a person who has been certified by the American Speech and Hearing Association, or one who has completed the academic requirements and is in the process of accumulating the necessary supervised work experience needed for such certification.

Occupational therapy: Service provided by or under the supervision of a qualified occupational therapist in accordance with a physician's orders. A qualified occupational therapist is one who is registered by the American Occupational Therapy Association or who has been graduated from a program in such therapy approved by the Council on Medical Education of the American Medical Association in collaboration with the American Occupational Therapy Association.

Medical social services: Services provided by or under the supervision of a qualified medical social worker in accordance with a physician's orders. Qualified medical social workers are graduates of a school of social work accredited by the Council of Social Work Education and have had social work experience in a hospital, outpatient clinic, medical rehabilitation or medical care program.

Home health aide services: Services directed toward the personal care of the patient provided under the supervision of a registered professional nurse, or, if appropriate, a physical, speech, or occupational therapist in accordance with the orders of a physician.

Services of interns and residents: Medical services provided by interns and residents-in-training, which under an approved hospital teaching program may be reimbursed, provided the home health agency is affiliated or under common control of a hospital with an approved teaching program.

Appliances and equipment: Medical appliances and items of equipment (except drugs and biologicals) owned or rented by the home health agency and required by the patient to facilitate his treatment and rehabilitation.

PERSONNEL

The number of personnel employed by home health agencies is obtained from item VI of the application form (figure 1). The number shown is in full-time equivalents. To arrive at full-time equivalents, the total number of hours worked by all employees in each classification in the week ending prior to the week of filing the application form is divided by the number of hours in the standard work week. If the result for each classification is not a whole number, it is expressed as a fraction.

Figure 2.

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

Form Approved.
Budget Bureau No. 72—R725

CERTIFICATION AND TRANSMITTAL

TO BE COMPLETED BY STATE AGENCY

1. NAME AND ADDRESS OF FACILITY

2. TYPE OF FACILITY

(a) ☐ JCAH General Hospital
(b) ☐ Non-JCAH General Hospital
(c) ☐ Psych. Hospital
(d) ☐ TB Hospital
(e) ☐ ECF
(f) ☐ HHA
(g) ☐ HHA (Psych.)
(h) ☐ Independent Lab.

3. TO:
BHI Regional Representative
Regional Office,

4. DATE OF APPLICATION

5. CERTIFICATION
☐ INITIAL
☐ RECERTIFICATION

6. STATE

7. PURSUANT TO PROVISIONS OF SEC. 1864 OF THE SOCIAL SECURITY ACT, AND UPON CONSIDERATION OF ALL FACTS, THE FACILITY IS CERTIFIED AS:

(a) ☐ In substantial compliance with the conditions of participation (with no significant deficiencies)
(b) ☐ In substantial compliance with the conditions of participation (with correctable deficiencies)
(c) ☐ Meeting the conditions for special certification (limited access)
(d) ☐ Not (or no longer) in compliance with conditions of participation

8. SUPPLEMENTAL INFORMATION ON HOSPITALS AND ECF'S NOT IN COMPLIANCE

(a) ☐ Facility is in conformance with 1861 (e) (1) (Definition of hospital)
(b) ☐ Facility is in conformance with 1861 (j) (1) (Definition of ECF)
(c) ☐ Hospital is in conformance with 1861 (e) (1–5) and (7) (Eligible for emergency services)

9. ☐ JCAH ACCREDITATION VERIFIED

10. RECOMM. RESURVEY DATE

11. CONDITIONS OF PARTICIPATION WITH MAJOR DEFICIENCIES *(Circle)*
(Complete when items 7b, 7c, or 7d are checked)

I II III IV V VI VII VIII IX X XI XII XIII XIV XV
XVI XVII XVIII XIX XX XXI XXII XXIII XXIV XXV

12. EVIDENCE AND REASONING *(Include results of consultation)*

☐ CONT. ON ATTACHED SHEET

13. PREPARED BY	14. DATE	15. REVIEWED BY	16. DATE
TITLE		TITLE	

TO BE COMPLETED BY REGIONAL OFFICE

17. DETERMINATION OF ELIGIBILITY
(a) ☐ Facility is eligible to participate (b) ☐ Facility is not eligible to participate

18. ☐ FACILITY IS IN COMPLIANCE WITH TITLE VI OF CIVIL RIGHTS ACT

19. REGIONAL OFFICE REVIEW ACTION

(a) ☐ Approved SA Certification No change
(b) ☐ Following consultation with SA, original certification of compliance changed to non-compliance
(c) ☐ Following consultation with SA, original certification of non-compliance changed to compliance

20. REMARKS

21. PHS REVIEWER *(where applicable)*	22. DATE	23. DETERMINATION APPROVED	24. DATE

TO: BHI
Division of Methods and Procedures
Baltimore, Maryland 21235

FORM SSA-1539 (2-66)

Provisions of the Law

The health insurance program for the aged, commonly called Medicare, was enacted on July 30, 1965, as Title XVIII of the Social Security Act, and became effective on July 1, 1966. The program, a part of the 1965 amendments (Public Law 89-97), makes available two separate but coordinated insurance coverages—hospital insurance, covering nearly all persons aged 65 and over, and supplementary medical insurance, covering those persons in this age group who enroll voluntarily and pay the premium. Changes in the program effective in 1968 were incorporated in the 1967 amendments to the Social Security Act (Public Law 90-248).

Hospital Insurance Program

The hospital insurance program (Part A of Medicare) pays for a large portion of the costs of hospital and related post-hospital services. It is financed on a self supporting basis through a tax on a portion of current earnings, paid by employees, employers, and self-employed persons. The proceeds of this tax are placed in the Hospital Insurance Trust Fund, from which reimbursements for benefits and administrative expenses incurred under the program are paid. The trust fund is reimbursed from general tax revenues for the costs of providing coverage for persons who qualify for hospital insurance but who are not eligible for monthly social security or railroad retirement benefits.

BENEFITS

Inpatient hospital benefits.—The program covers the cost of covered services in a participating hospital for up to 90 days in a "benefit period" (a period beginning with the first day of hospitalization and ending 60 days after discharge from a hospital or a skilled nursing home). Of the 90 days, full payment is made for the first 60 days of hospitalization after a deductible of $40 has been paid. For each of the remaining 30 days in the benefit period, the patient pays a coinsurance amount of $10 a day. The program provides the same benefits for emergency services rendered in a nonparticipating hospital.

Inpatient tuberculosis and psychiatric hospital services are also covered. However, there is a lifetime limit of 190 days of care in a psychiatric hospital. Where an individual is a patient in a tuberculosis or psychiatric hospital at the time he becomes entitled to hospital insurance, the number of days he was such an inpatient in the 90-day period immediately prior to his eligibility are counted against his 90 days of entitlement in that benefit period.

Covered hospital services include hospital room and board in accommodations containing from two to four beds, nursing services except for private-duty nursing, drugs and biologicals, and all those services ordinarily furnished by a hospital to its inpatients. Coverage under the hospital insurance program does not include the services of physicians (including radiologists, anesthesiologists, pathologists, and physiatrists) except for those services provided by interns or residents in training under approved teaching programs in a hospital.

The cost of the first three pints of blood furnished a patient during a benefit period is a deductible amount unless the patient arranges for replacement. Charges for any additional blood are covered under the program.

Outpatient hospital diagnostic benefits.—These benefits cover the cost of tests and related services that are ordinarily furnished by a participating hospital to its outpatients for the purpose of diagnostic study. Such services are covered subject to a $20 deductible and 20-percent coinsurance for diagnostic services furnished the beneficiary by the same hospital during a 20-day period. The deductible may be applied towards the $50 annual medical insurance deductible.

Post-hospital home health care benefits.—These benefits cover the cost of visiting nurse services and related home health services for as many as 100 visits in a year following the patient's discharge from a hospital or extended care facility, provided he has been confined for at least 3 consecutive days in a hospital. A home health plan must be developed by a physician and implemented within 14 days after the patient's discharge from the hospital or extended care facility.

Extended care facility benefits.—The program pays for the reasonable cost of all covered inpatient services in participating extended care facilities (ECF) for up to 100 days of such care in any benefit period, following discharge from a hospital after a stay of 3 consecutive days or more, and admission to an ECF within 14 days of discharge. Full payment is made for

the first 20 days. For each of the remaining 80 days, the patient pays a coinsurance of $5 a day.

Supplementary Medical Insurance Program

The supplementary medical insurance program (Part B of Medicare) provides coverage of physicians' services, additional home health services, and a variety of other health services. Individuals 65 years of age and over may enroll in the program regardless of whether they are eligible for social security retirement benefits. The insured's monthly premiums are matched by the Federal Government and paid into the Supplementary Medical Insurance Trust Fund, which reimburses carriers for benefits and administrative expenses incurred under the program.

BENEFITS

The SMI program pays for 80 percent of the allowed charges for covered physician services and other medical services after the patient has met a deductible of $50 during a calendar year. However, payment for outpatient psychiatric physician services is limited to the lesser of $250 or 50 percent of the allowed charges in any year after the $50 deductible has been met. The sum and percentage are derived from the statutory provision which permits an incurred expense for out-of-hospital treatment of mental illness of only $312.50 or 62.5 percent of actual expenses in a calendar year. Since only 80 percent of allowed charges can be reimbursed, the effective maximum becomes $250.

To preclude the possibility of having to meet a deductible twice in a short period of time, a "carryover" provision is applied. Accordingly, covered expenses that are incurred in the last quarter of the year and counted toward the deductible in that year are also credited toward the deductible for the following year.

Covered under the program are such benefits as physicians' services, including home, hospital, and office visits; services and supplies, including drugs and biologicals that cannot be self-administered, that are furnished as a part of a physician's professional service, most commonly in his office, and either rendered without charge or included in the physician's bills; diagnostic X-ray tests, diagnostic laboratory tests, and other diagnostic tests; X-ray, radium, and radioactive isotope therapy, including materials and the services of technicians; surgical dressings, splints, casts, and other devices used for reduction of fractures and dislocations; rental of durable medical equipment, including iron lungs, oxygen tents, hospital beds, and wheelchairs used in the patient's home (including an institution used as his home); ambulance service in cases where the use of other methods of transportation is contraindicated by the individual's condition; prosthetic devices (other than dental) that replace all or part of an internal organ, including replacement of such devices; leg, arm, back, and neck braces, and artificial legs, arms, eyes, including replacement if required because of a change in the patient's physical condition; and 100 home health visits during a calendar year—these visits being independent of those provided under the hospital insurance program.

Eligibility

The hospital insurance program.—Almost all persons aged 65 and over are eligible for benefits under the hospital insurance program. Included are those persons in this age group who are entitled to monthly social security cash benefits or payments from the railroad retirement system, regardless of whether they have applied for these cash benefits. A person could apply for hospital insurance protection even though he did not qualify for either social security cash benefits or a railroad retirement annuity if (1) he had attained age 65 by July 1, 1966, (2) he would become 65 years of age before 1968, or (3) he would attain age 65 after 1967 with not less than 3 quarters of social security coverage, whenever acquired, for each calendar year elapsing after 1965 and before the year in which he would attain age 65; however, hospital insurance protection could not go into effect until the individual attained age 65. These three classes of individuals were "deemed insured" under a special transitional provision.

Federal employees who retired from the Federal service after July 1, 1960, and who had the opportunity to be covered under the Federal Employees Health Benefits Act of 1959, are ineligible for hospital insurance benefits under the transitional provisions. Also ineligible are aliens with less than 5 years of continuous residence in the United States, and those persons convicted of crimes against the security of the United States.

Hospital insurance protection can be retoractive for as many as 12 months before the month an individual files his application for entitlement. For example, an individual may apply 11 months after he attains age 65 and still be entitled to benefits from the month he attained age 65.

Supplementary medical insurance.—Persons entitled to benefits under the hospital insurance program (Part A), retired Federal employees aged 65 or over, and persons not eligible for hospital insurance under the transitional provisions may voluntarily participate in the SMI program.

Enrollment.—An eligible person may enroll during the initial enrollment period, which begins with the third month preceding the one in which an individual attains age 65 and ends 3 months after the month of attainment, a total period of 7 months. If he enrolls during the 3 months prior to the month in which he attains age 65, his coverage is effective with the month in which he attains age 65: if he enrolls during the month he attains age 65, his coverage begins the following month; if he enrolls in any of the 3 months

after he attains age 65, his coverage begins from 2 to 3 months after enrollment, depending on how long he waited before enrolling.

A general enrollment period was set between October 1, 1967, and March 31, 1968, for those who did not enroll in the regular enrollment period, with comparable periods set to occur in every odd-numbered year from October through December. A person who enrolls during a general enrollment period may receive benefits starting on the first of July following the general enrollment period. An eligible individual must enroll within 3 years after the close of the first enrollment period in which he was entitled to enroll in order to become a beneficiary.

An initial general enrollment period was set up at the beginning of the program for people who had attained age 65 before March 1, 1966. This enrollment period began September 1, 1965, and ended on May 31, 1966, for coverage to begin with the initiation of the program on July 1, 1966.

A State may enroll otherwise eligible individuals who receive cash payments under public assistance programs if the State requests such a State-Federal enrollment agreement to be established and pays the necessary premiums.

Enrollment terminates with the beginning of the month following the month of death. In general, railroad retirement beneficiaries and individuals entitled to monthly cash social security benefits may terminate their enrollment voluntarily by notifying the Social Security Administration in writing during a general enrollment period of the desire to withdraw from the program. Other enrolled persons may terminate their coverage by withholding payment of premiums or by notifying the Social Security Administration in writing of the desire to withdraw from the program. An individual who previously has terminated his enrollment may re-enroll only in a general enrollment period beginning within 3 years of the date his previous enrollment had terminated. Re-enrollment, however, is allowed only once.

Financing the Program

Hospital Insurance.—The hospital insurance program is financed on a long-range, self-supporting basis through a separate schedule of increasing tax rates on the first $6,600 of earnings in employment covered under the Social Security Act with the same rate for employees, employers, and self-employed persons. The earnings base was raised in 1968 to $7,800. This rate was 0.35 percent in 1966, 0.50 percent for 1967, and is scheduled to increase until it is 0.90 percent in 1987 and thereafter. The proceeds of this tax and that collected from the railroad retirement system are placed in a Hospital Insurance Trust Fund[1] from which reimbursements for all benefits and administrative expenses incurred under the hospital insurance program are paid. The Hospital Insurance Trust Fund is reimbursed from general tax revenues for the costs of providing coverage for the almost 2½ million persons who qualify for hospital insurance but who are not entitled to monthly social security or railroad retirement benefits, that is, those "deemed insured."

Supplementary Medical Insurance. Premiums are paid into the Federal Supplementary Medical Insurance Trust Fund[2] by those persons enrolled for supplementary medical insurance, (or on their behalf) and a matching amount is paid from general revenues by the Federal Government.

The premiums of persons receiving social security cash benefits, railroad retirement, or Federal civil service annuities are deducted from their monthly benefit checks. Persons not receiving monthly benefits are billed quarterly for premiums by the Social Security Administration or Railroad Retirement Board and have a 90-day grace period in which to make payment. Premiums may be paid for as long as a year in advance, and for individuals financially unable to make quarterly payments, arrangements can be made for monthly payments.

The premium rate of the supplementary medical insurance program may be adjusted annually if medical costs rise. The law requires that the rate be set at an amount that will generate income to the fund sufficient to cover benefit payments and administrative costs incurred during the year. The monthly premium was set at $3 beginning with July 1966 and remained at this level until April 1968 when it was raised to $4 per month.

States are permitted to enter into agreements with the Secretary, based on a request made before January 1, 1970, to buy in—that is, to pay the medical insurance premiums—for public assistance recipients aged 65 or over who were receiving money payments under an approved public assistance plan and for all aged persons eligible to receive medical assistance under an approved Title XIX plan.

Administration of the Program

Hospital Insurance.—Under the hospital insurance plan, groups or associations of providers, on behalf of their members, may nominate a national, State, or other public or private agency or organization to serve as intermediary in the claims process. A member of an association is free, however, to receive payment from an approved intermediary other than its association's nominee, if approved by the Secretary and agreeable to the intermediary selected. In addition, a provider may deal directly with the Social Security Administration.

[1] 1967 Annual Report of the Board of Trustees of the Federal Hospital Insurance Trust Fund, U.S. House of Representatives Document Number 64.

[2] The 1967 Annual Report of the Board of Trustees of the Federal Supplementary Medical Insurance Trust Fund, U.S. House of Representatives Document Number 66.

The Secretary may enter into an agreement with a nominated organization if he finds this to be consistent with effective and efficient administration of the hospital insurance program. The intermediary makes payments to providers for covered items and services on the basis of reasonable cost determinations and assists in the application of safeguards against unnecessary utilization of covered services. The agreement may also call for (1) furnishing consultative services to assist providers to establish and maintain necessary fiscal records and otherwise qualify as providers of services, (2) serving as a center for communicating with providers, and (3) making audits of provider records. Generally speaking, the Social Security Administration utilizes the services of the hospital insurance intermediary in making payments for home health and outpatient hospital services covered under the supplementary medical insurance program.

Payment may be made for a beneficiary for covered emergency inpatient hospital services where the hospital is not a participating facility and agrees not to charge the beneficiary for covered services. Such a hospital may be outside the United States if it is more accessible than the nearest hospital in the United States adequately equipped to treat the patient.

Requests for payment for covered services must be signed by the beneficiary (or someone for him, if he is unable to do so). Payments are made on the basis of reasonable costs for these services to participating providers of services, that is, hospitals, extended care facilities, and home health agencies, who have been certified for participation.

In some instances, hospitals may bill for physician services rendered to inpatients. In these cases, interim payment is made from the HI trust fund. Subsequently, funds are transferred from the SMI trust fund to the HI trust fund to cover the cost of these services.

The intermediary selected by the provider reviews the claims for payment and pays the provider. Actual payment is made on the basis of an interim rate established between the provider and the intermediary. Final settlement for each provider's operating year is made on the basis of a cost report submitted by the provider, and subject to an independent audit.

No payments can be made to Federal providers of services except for emergency services, unless this provider serves as a community institution. In additon, payment cannot be made to a provider for those services it is obligated to render at public expense under Federal law or contract.

Supplementary Medical Insurance.—Under the medical insurance program, the Secretary of Health, Education, and Welfare may enter into contracts with carriers for the performance of specified administrative functions. The carriers' principal function is to determine whether charges are allowable (reasonable) and to make payments.

The carrier selected by the Secretary of Health, Education, and Welfare to serve as an intermediary determines the allowed charges for bills submitted for each medical care service covered by the program and pays 80 percent of this amount after the $50 deductible has been met.

The allowed charge for the service may be paid to the patient, or the patient may assign the bill for collection to the physician or other supplier of the service if he is willing to accept assignment. In the former situation, the patient first pays the bill and submits the receipted bill to the carrier and is reimbursed, and, in the latter, the physician or other supplier submits the bill and is reimbursed. When the payment is made directly to the physician (or supplier) on assignment, the allowed charge determined by the carrier is the total charge. In both situations, the patient is responsible for the first $50 of the charges for covered services he receives during the year and the amount of the bill over 80 percent of the allowed charges.

The law instructs the carrier to consider the following criteria in determining the "allowed" charge:

(1) the customary charge for the service generally made by the physician or other person furnishing such services; and

(2) the prevailing charge in the locality by other physicians and suppliers for similar services.

The law also specifies that the "allowed" or reasonable charge cannot be higher than the charge applicable for a similar service rendered under comparable circumstances to the carriers' own policy holders or subscribers.

Carriers also have the authority and responsibility to determine, in a given case, whether a claim is for a covered service and to deny claims for noncovered or excluded items or services. In addition, carriers are to assist in the application of safeguards against the furnishing of unnecessary services to eligible individuals.

Most services covered by the medical insurance program are rendered on a fee-for-service basis. However, services furnished under group practice prepayment plans are normally rendered in return for predetermined premium payments. In recognition of the need for special adaptation of the Medicare payment procedures for services rendered by group practice prepayment plans, the law provides that an organization which furnishes medical and other health services (or arranges for their availability) on a prepayment basis, may elect to be paid 80 percent of the reasonable cost of services in lieu of 80 percent of the allowed charge for such services.

General Tables

Notes

Type of agency.—See page ix.
Services provided.—See page xi.
Geographic classifications.—Based on the address of the agency.

All areas: Consists of the United States, Guam, Puerto Rico, Virgin Islands, and other outlying areas.

United States: Consists of the 50 States, and the District of Columbia.

Other outlying areas: Consists of American Samoa, the Canal Zone, Canton Island, Caroline Islands, Mariana Islands, Marshall Islands, Midway Islands, and Wake Island.

The Northeastern States

The regions and divisions of the United States follow the definitions of the Bureau of the Census:

New England
- Maine
- New Hampshire
- Vermont
- Massachusetts
- Rhode Island
- Connecticut

Middle Atlantic
- New York
- New Jersey
- Pennsylvania

The North Central States

East North Central
- Ohio
- Indiana
- Illinois
- Michigan
- Wisconsin

West North Central
- Minnesota
- Iowa
- Missouri
- North Dakota
- South Dakota
- Nebraska
- Kansas

The South

South Atlantic
- Delaware
- Maryland
- District of Columbia
- Virginia
- West Virginia
- North Carolina
- South Carolina
- Georgia
- Florida

East South Central
- Kentucky
- Tennessee
- Alabama
- Mississippi

West South Central
- Arkansas
- Louisiana
- Oklahoma
- Texas

The West

Mountain
- Montana
- Idaho
- Wyoming
- Colorado
- New Mexico
- Arizona
- Utah
- Nevada

Pacific
- Washington
- Oregon
- California
- Alaska
- Hawaii

Outlying Areas

Guam
Puerto Rico
Virgin Islands
American Samoa
American Samoa
Other outlying areas

Symbols

Quantity zero	—
Quantity more than 0 but less than 0.05	0.0

Table 3.2.1 NUMBER OF HOME HEALTH AGENCIES BY TYPE OF AGENCY, REGION, DIVISION, AND STATE

[See NOTES preceding General Tables]

Region, division, and State	All home health agencies	Visiting nurse association	Combined government and voluntary agency	Official health agency	Hospital-based agency	All other
Total	2 111	567	102	1 238	161	43
United States	2 107	566	102	1 236	160	43
Northeastern States	703	375	20	224	82	2
North Central States	456	104	28	271	40	13
South	716	40	34	619	13	10
West	232	47	20	122	25	18
The Northeastern States:						
New England	370	261	6	85	17	1
Middle Atlantic	333	114	14	139	65	1
The North Central States						
East North Central	321	84	16	194	18	9
West North Central	135	20	12	77	22	4
The South:						
South Atlantic	316	23	33	249	5	6
East South Central	194	5	-	182	7	-
West South Central	206	12	1	188	1	4
The West:						
Mountain	74	7	12	43	10	2
Pacific	158	40	8	79	15	16
New England:						
Maine	23	14	1	4	4	-
New Hampshire	33	26	-	5	1	1
Vermont	9	7	-	2	-	-
Massachusetts	179	116	4	49	10	-
Rhode Island	23	21	-	1	1	-
Connecticut	103	77	1	24	1	-
Middle Atlantic:						
New York	136	27	7	61	41	-
New Jersey	55	28	3	15	9	-
Pennsylvania	142	59	4	63	15	1
East North Central:						
Ohio	103	24	6	70	2	1
Indiana	26	10	2	12	1	1
Illinois	84	25	5	43	7	4
Michigan	50	11	3	33	3	-
Wisconsin	58	14	-	36	5	3
West North Central:						
Minnesota	47	3	3	36	4	1
Iowa	20	12	5	2	1	-
Missouri	21	3	-	10	6	2
North Dakota	7	-	-	6	1	-
South Dakota	5	1	-	3	1	-
Nebraska	5	-	1	-	3	1
Kansas	30	1	3	20	6	-
South Atlantic:						
Delaware	8	1	1	4	1	1
Maryland	27	2	-	24	1	-
District of Columbia	2	1	-	1	-	-
Virginia	130	3	-	127	-	-
West Virginia	20	2	1	15	1	1
North Carolina	16	2	2	11	-	1
South Carolina	39	1	-	37	-	1
Georgia	12	1	1	8	1	1
Florida	62	10	28	22	1	1
East South Central:						
Kentucky	15	2	-	8	5	-
Tennessee	78	1	-	77	-	-
Alabama	54	2	-	52	-	-
Mississippi	47	-	-	45	2	-
West South Central:						
Arkansas	69	1	-	68	-	-
Louisiana	54	4	-	47	-	3
Oklahoma	53	-	1	52	-	-
Texas	30	7	-	21	1	1
Mountain:						
Montana	13	-	-	9	3	1
Idaho	10	-	2	4	4	-
Wyoming	8	-	-	8	-	-
Colorado	17	2	6	8	-	1
New Mexico	5	1	1	2	1	-
Arizona	10	2	2	5	1	-
Utah	8	1	-	6	1	-
Nevada	3	1	1	1	-	-
Pacific:						
Washington	27	3	4	17	3	-
Oregon	30	3	-	25	1	1
California	98	34	4	35	10	15
Alaska	1	-	-	1	-	-
Hawaii	2	-	-	1	1	-
Outlying areas:						
Guam	1	-	-	1	-	-
Puerto Rico	2	1	-	-	1	-
Virgin Islands	1	-	-	1	-	-
Other outlying areas	-	-	-	-	-	-

Table 3.2.2 NUMBER OF HOME HEALTH AGENCIES AND SERVICES PROVIDED, BY TYPE OF AGENCY, REGION, DIVISION, AND STATE

[See NOTES preceding General Tables]

Region, division, State, and services provided	All home health agencies	Visiting nurse association	Combined government and voluntary agency	Official health agency	Hospital-based agency	All other
ALL AREAS						
All agencies	2 111	567	102	1 238	161	43
Number reporting:						
Nursing care	2 111	567	102	1 238	161	43
Physical therapy	1 499	469	75	780	138	37
Occupational therapy	332	113	23	116	60	20
Speech therapy	449	123	32	204	69	21
Medical social services	453	83	19	244	86	21
Home health aide services	916	219	48	519	108	22
Interns and residents	44	-	-	4	35	5
Nutritional guidance	432	54	25	241	96	16
Pharmaceutical service	184	16	2	63	86	17
Appliances and equipment	398	101	26	148	97	26
Vocational guidance	41	3	1	9	17	11
Other services	134	33	9	32	45	15
UNITED STATES						
All agencies	2 107	566	102	1 236	160	43
Number reporting:						
Nursing care	2 107	566	102	1 236	160	43
Physical therapy	1 495	468	75	778	137	37
Occupational therapy	331	113	23	116	59	20
Speech therapy	447	123	32	203	68	21
Medical social services	451	83	19	243	85	21
Home health aide services	913	218	48	518	107	22
Interns and residents	44	-	-	4	35	5
Nutritional guidance	429	53	25	240	95	16
Pharmaceutical service	182	16	2	62	85	17
Appliances and equipment	396	101	26	147	96	26
Vocational guidance	40	3	1	9	16	11
Other services	133	33	9	31	45	15

Table 3.2.2 NUMBER OF HOME HEALTH AGENCIES AND SERVICES PROVIDED, BY TYPE OF AGENCY, REGION, DIVISION, AND STATE —Con.

[See NOTES preceding General Tables]

Region, division, State, and services provided	All home health agencies	Visiting nurse association	Combined government and voluntary agency	Official health agency	Hospital-based agency	All other
NORTHEASTERN STATES						
All agencies	703	375	20	224	82	2
Number reporting:						
Nursing care	703	375	20	224	82	2
Physical therapy	598	313	17	196	70	2
Occupational therapy	128	61	4	31	31	1
Speech therapy	125	57	5	23	38	2
Medical social services	193	41	8	88	55	1
Home health aide services	226	115	9	50	52	-
Interns and residents	20	-	-	-	20	-
Nutritional guidance	125	25	9	42	49	-
Pharmaceutical service	53	2	1	-	50	-
Appliances and equipment	131	48	11	16	54	2
Vocational guidance	17	1	-	4	11	1
Other services	58	20	1	5	31	1
NORTH CENTRAL STATES						
All agencies	456	104	28	271	40	13
Number reporting:						
Nursing care	456	104	28	271	40	13
Physical therapy	292	81	19	148	34	10
Occupational therapy	91	31	8	31	11	10
Speech therapy	136	35	10	67	16	8
Medical social services	50	16	3	13	11	7
Home health aide services	222	48	16	120	30	8
Interns and residents	11	-	-	-	7	4
Nutritional guidance	65	16	5	16	22	6
Pharmaceutical service	32	6	-	4	16	6
Appliances and equipment	75	30	8	13	17	7
Vocational guidance	8	-	-	-	1	7
Other services	27	4	5	4	6	8
SOUTH						
All agencies	716	40	34	619	13	10
Number reporting:						
Nursing care	716	40	34	619	13	10
Physical therapy	439	34	25	361	10	9
Occupational therapy	54	7	6	33	4	4
Speech therapy	131	13	11	98	5	4
Medical social services	135	9	1	116	7	2
Home health aide services	335	20	11	286	12	6
Interns and residents	8	-	-	4	4	-
Nutritional guidance	193	7	7	167	9	3
Pharmaceutical service	71	4	-	58	5	4
Appliances and equipment	136	12	4	103	9	8
Vocational guidance	10	1	1	5	1	2
Other services	31	6	1	17	2	5
WEST						
All agencies	232	47	20	122	25	18
Number reporting:						
Nursing care	232	47	20	122	25	18
Physical therapy	166	40	14	73	23	16
Occupational therapy	58	14	5	21	13	5
Speech therapy	55	18	6	15	9	7
Medical social services	73	17	7	26	12	11
Home health aide services	130	35	12	62	13	8
Interns and residents	5	-	-	-	4	1
Nutritional guidance	46	5	4	15	15	7
Pharmaceutical service	26	4	1	-	14	7
Appliances and equipment	54	11	3	15	16	9
Vocational guidance	5	1	-	-	3	1
Other services	17	3	2	5	6	1
NEW ENGLAND						
All agencies	370	261	6	85	17	1
Number reporting:						
Nursing care	370	261	6	85	17	1
Physical therapy	295	215	4	60	15	1
Occupational therapy	82	48	3	24	6	1
Speech therapy	65	41	3	14	6	1
Medical social services	53	26	4	15	7	1
Home health aide services	90	66	1	19	4	-
Interns and residents	1	-	-	-	1	-
Nutritional guidance	20	7	-	7	6	-
Pharmaceutical service	7	-	-	-	7	-
Appliances and equipment	38	25	1	4	7	1
Vocational guidance	1	-	-	-	-	1
Other services	11	8	-	1	1	1
MIDDLE ATLANTIC						
All agencies	333	114	14	139	65	1
Number reporting:						
Nursing care	333	114	14	139	65	1
Physical therapy	303	98	13	136	55	1
Occupational therapy	46	13	1	7	25	-
Speech therapy	60	16	2	9	32	1
Medical social services	140	15	4	73	48	-
Home health aide services	136	49	8	31	48	-
Interns and residents	19	-	-	-	19	-
Nutritional guidance	105	18	9	35	43	-
Pharmaceutical service	46	2	1	-	43	-
Appliances and equipment	93	23	10	12	47	1
Vocational guidance	16	1	-	4	11	-
Other services	47	12	1	4	30	-
EAST NORTH CENTRAL						
All agencies	321	84	16	194	18	9
Number reporting:						
Nursing care	321	84	16	194	18	9
Physical therapy	213	66	13	110	16	8
Occupational therapy	67	28	6	20	5	8
Speech therapy	99	32	5	50	6	6
Medical social services	37	15	2	10	5	5
Home health aide services	135	36	8	73	14	4
Interns and residents	7	-	-	-	3	4
Nutritional guidance	44	13	5	10	12	4
Pharmaceutical service	21	6	-	2	9	4
Appliances and equipment	51	26	5	7	8	5
Vocational guidance	6	-	-	-	-	6
Other services	19	3	4	2	4	6
WEST NORTH CENTRAL						
All agencies	135	20	12	77	22	4
Number reporting:						
Nursing care	135	20	12	77	22	4
Physical therapy	79	15	6	38	18	2
Occupational therapy	24	3	2	11	6	2
Speech therapy	37	3	5	17	10	2
Medical social services	13	1	1	3	6	2
Home health aide services	87	12	8	47	16	4
Interns and residents	4	-	-	-	4	-
Nutritional guidance	21	3	-	6	10	2
Pharmaceutical service	11	-	-	2	7	2
Appliances and equipment	24	4	3	6	9	2
Vocational guidance	2	-	-	-	1	1
Other services	8	1	1	2	2	2
SOUTH ATLANTIC						
All agencies	316	23	33	249	5	6
Number reporting:						
Nursing care	316	23	33	249	5	6
Physical therapy	152	20	24	97	5	6
Occupational therapy	42	7	6	23	3	3
Speech therapy	63	7	11	38	4	3
Medical social services	39	7	1	26	4	1
Home health aide services	203	12	10	173	4	4
Interns and residents	6	-	-	4	2	-
Nutritional guidance	41	3	6	28	3	1
Pharmaceutical service	10	2	-	3	3	2
Appliances and equipment	34	6	4	16	3	5
Vocational guidance	5	-	1	2	1	1
Other services	19	5	1	7	1	5
EAST SOUTH CENTRAL						
All agencies	194	5	-	182	7	-
Number reporting:						
Nursing care	194	5	-	182	7	-
Physical therapy	185	4	-	177	4	-
Occupational therapy	4	-	-	4	-	-
Speech therapy	50	2	-	48	-	-
Medical social services	44	-	-	41	3	-
Home health aide services	62	3	-	52	7	-
Interns and residents	1	-	-	-	1	-
Nutritional guidance	88	-	-	83	5	-
Pharmaceutical service	57	1	-	54	2	-
Appliances and equipment	64	-	-	59	5	-
Vocational guidance	2	-	-	2	-	-
Other services	6	1	-	5	-	-

Table 3.2.2 NUMBER OF HOME HEALTH AGENCIES AND SERVICES PROVIDED, BY TYPE OF AGENCY, REGION, DIVISION, AND STATE —Con.

[See NOTES preceding General Tables]

Region, division, State, and services provided	All home health agencies	Visiting nurse association	Combined government and voluntary agency	Official health agency	Hospital-based agency	All other
WEST SOUTH CENTRAL						
All agencies	206	12	1	188	1	4
Number reporting:						
Nursing care	206	12	1	188	1	4
Physical therapy	102	10	1	87	1	3
Occupational therapy	8	-	-	6	1	1
Speech therapy	18	4	-	12	1	1
Medical social services	52	2	-	49	-	1
Home health aide services	70	5	1	61	1	2
Interns and residents	1	-	-	-	1	-
Nutritional guidance	64	4	1	56	1	2
Pharmaceutical service	4	1	-	1	-	2
Appliances and equipment	38	6	-	28	1	3
Vocational guidance	3	1	-	1	-	1
Other services	6	-	-	5	1	-
MOUNTAIN						
All agencies	74	7	12	43	10	2
Number reporting:						
Nursing care	74	7	12	43	10	2
Physical therapy	49	6	8	25	9	1
Occupational therapy	17	4	3	7	3	-
Speech therapy	16	4	4	6	1	1
Medical social services	16	5	5	4	2	-
Home health aide services	40	6	7	20	6	1
Interns and residents	2	-	-	-	2	-
Nutritional guidance	13	-	2	4	6	1
Pharmaceutical service	4	-	-	-	4	-
Appliances and equipment	11	1	1	3	6	-
Vocational guidance	1	-	-	-	1	-
Other services	4	-	-	2	2	-
PACIFIC						
All agencies	158	40	8	79	15	16
Number reporting:						
Nursing care	158	40	8	79	15	16
Physical therapy	117	34	6	48	14	15
Occupational therapy	41	10	2	14	10	5
Speech therapy	39	14	2	9	8	6
Medical social services	57	12	2	22	10	11
Home health aide services	90	29	5	42	7	7
Interns and residents	3	-	-	-	2	1
Nutritional guidance	33	5	2	11	9	6
Pharmaceutical service	22	4	1	-	10	7
Appliances and equipment	43	10	2	12	10	9
Vocational guidance	4	1	-	-	2	1
Other services	13	3	2	3	4	1
ALABAMA						
All agencies	54	2	-	52	-	-
Number reporting:						
Nursing care	54	2	-	52	-	-
Physical therapy	54	2	-	52	-	-
Occupational therapy	1	-	-	1	-	-
Speech therapy	9	-	-	9	-	-
Medical social services	-	-	-	-	-	-
Home health aide services	6	1	-	5	-	-
Interns and residents	-	-	-	-	-	-
Nutritional guidance	51	-	-	51	-	-
Pharmaceutical service	51	-	-	51	-	-
Appliances and equipment	51	-	-	51	-	-
Vocational guidance	-	-	-	-	-	-
Other services	-	-	-	-	-	-
ALASKA						
All agencies	1	-	-	1	-	-
Number reporting:						
Nursing care	1	-	-	1	-	-
Physical therapy	1	-	-	1	-	-
Occupational therapy	-	-	-	-	-	-
Speech therapy	-	-	-	-	-	-
Medical social services	1	-	-	1	-	-
Home health aide services	-	-	-	-	-	-
Interns and residents	-	-	-	-	-	-
Nutritional guidance	-	-	-	-	-	-
Pharmaceutical service	-	-	-	-	-	-
Appliances and equipment	-	-	-	-	-	-
Vocational guidance	-	-	-	-	-	-
Other services	-	-	-	-	-	-
ARIZONA						
All agencies	10	2	2	5	1	-
Number reporting:						
Nursing care	10	2	2	5	1	-
Physical therapy	6	2	-	3	1	-
Occupational therapy	4	2	-	1	1	-
Speech therapy	4	2	-	1	1	-
Medical social services	3	2	-	-	1	-
Home health aide services	10	2	2	5	1	-
Interns and residents	1	-	-	-	1	-
Nutritional guidance	1	-	-	-	1	-
Pharmaceutical service	1	-	-	-	1	-
Appliances and equipment	1	-	-	-	1	-
Vocational guidance	1	-	-	-	1	-
Other services	1	-	-	-	1	-
ARKANSAS						
All agencies	69	1	-	68	-	-
Number reporting:						
Nursing care	69	1	-	68	-	-
Physical therapy	69	1	-	68	-	-
Occupational therapy	-	-	-	-	-	-
Speech therapy	-	-	-	-	-	-
Medical social services	-	-	-	-	-	-
Home health aide services	-	-	-	-	-	-
Interns and residents	-	-	-	-	-	-
Nutritional guidance	36	-	-	36	-	-
Pharmaceutical service	-	-	-	-	-	-
Appliances and equipment	-	-	-	-	-	-
Vocational guidance	-	-	-	-	-	-
Other services	-	-	-	-	-	-
CALIFORNIA						
All agencies	98	34	4	35	10	15
Number reporting:						
Nursing care	98	34	4	35	10	15
Physical therapy	74	28	4	19	9	14
Occupational therapy	27	7	2	7	6	5
Speech therapy	24	10	1	2	5	6
Medical social services	37	9	2	7	8	11
Home health aide services	71	26	3	29	6	7
Interns and residents	2	-	-	-	1	1
Nutritional guidance	21	3	2	6	4	6
Pharmaceutical service	16	3	1	-	5	7
Appliances and equipment	24	7	2	1	5	9
Vocational guidance	2	-	-	-	1	1
Other services	6	1	2	1	1	1
COLORADO						
All agencies	17	2	6	8	-	1
Number reporting:						
Nursing care	17	2	6	8	-	1
Physical therapy	11	2	4	5	-	-
Occupational therapy	7	1	2	4	-	-
Speech therapy	7	1	3	2	-	1
Medical social services	4	1	3	-	-	-
Home health aide services	4	1	3	-	-	-
Interns and residents	-	-	-	-	-	-
Nutritional guidance	1	-	1	-	-	-
Pharmaceutical service	-	-	-	-	-	-
Appliances and equipment	-	-	-	-	-	-
Vocational guidance	-	-	-	-	-	-
Other services	-	-	-	-	-	-
CONNECTICUT						
All agencies	103	77	1	24	1	-
Number reporting:						
Nursing care	103	77	1	24	1	-
Physical therapy	95	71	1	22	1	-
Occupational therapy	40	27	1	11	1	-
Speech therapy	31	22	1	7	1	-
Medical social services	6	3	1	1	1	-
Home health aide services	50	39	1	9	1	-
Interns and residents	-	-	-	-	-	-
Nutritional guidance	4	1	-	2	1	-
Pharmaceutical service	1	-	-	-	1	-
Appliances and equipment	3	1	-	1	1	-
Vocational guidance	-	-	-	-	-	-
Other services	-	-	-	-	-	-

Table 3.2.2 NUMBER OF HOME HEALTH AGENCIES AND SERVICES PROVIDED, BY TYPE OF AGENCY, REGION, DIVISION, AND STATE —Con.

[See NOTES preceding General Tables]

Region, division, State, and services provided	All home health agencies	Visiting nurse association	Combined government and voluntary agency	Official health agency	Hospital-based agency	All other
DELAWARE						
All agencies	8	1	1	4	1	1
Number reporting:						
Nursing care	8	1	1	4	1	1
Physical therapy	8	1	1	4	1	1
Occupational therapy	3	-	1	-	1	1
Speech therapy	5	-	-	4	1	-
Medical social services	5	-	-	4	1	-
Home health aide services	2	-	-	1	1	-
Interns and residents	-	-	-	-	-	-
Nutritional guidance	5	-	-	4	1	-
Pharmaceutical service	1	-	-	-	1	-
Appliances and equipment	2	-	1	-	1	-
Vocational guidance	-	-	-	-	-	-
Other services	3	1	-	-	1	1
DISTRICT OF COLUMBIA						
All agencies	2	1	-	1	-	-
Number reporting:						
Nursing care	2	1	-	1	-	-
Physical therapy	2	1	-	1	-	-
Occupational therapy	2	1	-	1	-	-
Speech therapy	1	1	-	-	-	-
Medical social services	2	1	-	1	-	-
Home health aide services	2	1	-	1	-	-
Interns and residents	-	-	-	-	-	-
Nutritional guidance	2	1	-	1	-	-
Pharmaceutical service	1	-	-	1	-	-
Appliances and equipment	2	1	-	1	-	-
Vocational guidance	-	-	-	-	-	-
Other services	2	1	-	1	-	-
FLORIDA						
All agencies	62	10	28	22	1	1
Number reporting:						
Nursing care	62	10	28	22	1	1
Physical therapy	48	9	22	15	1	1
Occupational therapy	21	5	5	10	1	-
Speech therapy	24	4	11	7	1	1
Medical social services	6	3	1	1	1	-
Home health aide services	17	5	7	3	1	1
Interns and residents	-	-	-	-	-	-
Nutritional guidance	8	1	4	2	1	-
Pharmaceutical service	2	-	-	-	1	1
Appliances and equipment	5	1	3	-	-	1
Vocational guidance	1	-	1	-	-	-
Other services	2	1	1	-	-	-
GEORGIA						
All agencies	12	1	1	8	1	1
Number reporting:						
Nursing care	12	1	1	8	1	1
Physical therapy	7	1	-	4	1	1
Occupational therapy	3	1	-	1	-	1
Speech therapy	6	1	-	3	1	1
Medical social services	3	-	-	2	-	1
Home health aide services	8	1	1	5	-	1
Interns and residents	2	-	-	1	1	-
Nutritional guidance	3	-	1	2	-	-
Pharmaceutical service	1	-	-	-	1	-
Appliances and equipment	2	-	-	-	1	1
Vocational guidance	-	-	-	-	-	-
Other services	2	-	-	1	-	1
HAWAII						
All agencies	2	-	-	1	1	-
Number reporting:						
Nursing care	2	-	-	1	1	-
Physical therapy	2	-	-	1	1	-
Occupational therapy	2	-	-	1	1	-
Speech therapy	1	-	-	-	1	-
Medical social services	1	-	-	1	-	-
Home health aide services	-	-	-	-	-	-
Interns and residents	-	-	-	-	-	-
Nutritional guidance	1	-	-	-	1	-
Pharmaceutical service	1	-	-	-	1	-
Appliances and equipment	1	-	-	-	1	-
Vocational guidance	-	-	-	-	-	-
Other services	1	-	-	-	1	-
IDAHO						
All agencies	10	-	2	4	4	-
Number reporting:						
Nursing care	10	-	2	4	4	-
Physical therapy	9	-	2	4	3	-
Occupational therapy	1	-	1	-	-	-
Speech therapy	1	-	1	-	-	-
Medical social services	2	-	1	1	-	-
Home health aide services	3	-	1	-	2	-
Interns and residents	-	-	-	-	-	-
Nutritional guidance	2	-	-	-	2	-
Pharmaceutical service	2	-	-	-	2	-
Appliances and equipment	2	-	-	-	2	-
Vocational guidance	-	-	-	-	-	-
Other services	1	-	-	-	1	-
ILLINOIS						
All agencies	84	25	5	43	7	4
Number reporting:						
Nursing care	84	25	5	43	7	4
Physical therapy	68	19	4	34	7	4
Occupational therapy	18	8	1	4	2	3
Speech therapy	28	9	2	12	3	2
Medical social services	12	4	1	2	2	3
Home health aide services	16	7	1	3	3	2
Interns and residents	5	-	-	-	2	3
Nutritional guidance	14	2	1	4	4	3
Pharmaceutical service	7	-	-	1	3	3
Appliances and equipment	15	10	1	-	2	2
Vocational guidance	2	-	-	-	-	2
Other services	6	1	2	1	1	1
INDIANA						
All agencies	26	10	2	12	1	1
Number reporting:						
Nursing care	26	10	2	12	1	1
Physical therapy	15	8	1	4	1	1
Occupational therapy	3	1	1	-	-	1
Speech therapy	8	3	1	2	1	1
Medical social services	3	1	1	-	-	1
Home health aide services	18	6	2	8	1	1
Interns and residents	-	-	-	-	-	-
Nutritional guidance	4	2	1	-	1	-
Pharmaceutical service	2	1	-	-	1	-
Appliances and equipment	4	2	1	-	-	1
Vocational guidance	1	-	-	-	-	1
Other services	3	1	-	1	-	1
IOWA						
All agencies	20	12	5	2	1	-
Number reporting:						
Nursing care	20	12	5	2	1	-
Physical therapy	13	8	3	1	1	-
Occupational therapy	2	1	-	1	-	-
Speech therapy	3	1	1	1	-	-
Medical social services	1	-	-	1	-	-
Home health aide services	12	6	3	2	1	-
Interns and residents	-	-	-	-	-	-
Nutritional guidance	-	-	-	-	-	-
Pharmaceutical service	1	-	-	1	-	-
Appliances and equipment	3	2	1	-	-	-
Vocational guidance	-	-	-	-	-	-
Other services	2	1	1	-	-	-
KANSAS						
All agencies	30	1	3	20	6	-
Number reporting:						
Nursing care	30	1	3	20	6	-
Physical therapy	18	1	1	13	3	-
Occupational therapy	3	-	-	2	1	-
Speech therapy	13	-	2	7	4	-
Medical social services	2	-	-	2	-	-
Home health aide services	9	1	1	3	4	-
Interns and residents	-	-	-	-	-	-
Nutritional guidance	3	-	-	1	2	-
Pharmaceutical service	2	-	-	1	1	-
Appliances and equipment	2	-	1	-	1	-
Vocational guidance	-	-	-	-	-	-
Other services	1	-	-	1	-	-

Table 3.2.2 NUMBER OF HOME HEALTH AGENCIES AND SERVICES PROVIDED, BY TYPE OF AGENCY, REGION, DIVISION, AND STATE —Con.

[See NOTES preceding General Tables]

Region, division, State, and services provided	All home health agencies	Visiting nurse association	Combined government and voluntary agency	Official health agency	Hospital-based agency	All other
KENTUCKY						
All agencies	15	2	-	8	5	-
Number reporting:						
Nursing care	15	2	-	8	5	-
Physical therapy	8	1	-	4	3	-
Occupational therapy	-	-	-	-	-	-
Speech therapy	1	1	-	-	-	-
Medical social services	4	-	-	1	3	-
Home health aide services	10	1	-	4	5	-
Interns and residents	1	-	-	-	1	-
Nutritional guidance	11	-	-	7	4	-
Pharmaceutical service	3	1	-	-	2	-
Appliances and equipment	9	-	-	5	4	-
Vocational guidance	-	-	-	-	-	-
Other services	1	1	-	-	-	-
LOUISIANA						
All agencies	54	4	-	47	-	3
Number reporting:						
Nursing care	54	4	-	47	-	3
Physical therapy	8	4	-	2	-	2
Occupational therapy	1	-	-	1	-	-
Speech therapy	2	1	-	1	-	-
Medical social services	38	-	-	38	-	-
Home health aide services	6	2	-	2	-	2
Interns and residents	-	-	-	-	-	-
Nutritional guidance	16	1	-	13	-	2
Pharmaceutical service	2	-	-	-	-	2
Appliances and equipment	3	1	-	-	-	2
Vocational guidance	-	-	-	-	-	-
Other services	1	-	-	1	-	-
MAINE						
All agencies	23	14	1	4	4	-
Number reporting:						
Nursing care	23	14	1	4	4	-
Physical therapy	14	9	1	1	3	-
Occupational therapy	7	3	-	3	1	-
Speech therapy	4	3	-	-	1	-
Medical social services	3	1	1	1	-	-
Home health aide services	2	2	-	-	-	-
Interns and residents	-	-	-	-	-	-
Nutritional guidance	-	-	-	-	-	-
Pharmaceutical service	-	-	-	-	-	-
Appliances and equipment	3	-	1	1	1	-
Vocational guidance	-	-	-	-	-	-
Other services	-	-	-	-	-	-
MARYLAND						
All agencies	27	2	-	24	1	-
Number reporting:						
Nursing care	27	2	-	24	1	-
Physical therapy	23	2	-	20	1	-
Occupational therapy	6	-	-	5	1	-
Speech therapy	5	-	-	4	1	-
Medical social services	9	-	-	8	1	-
Home health aide services	9	1	-	7	1	-
Interns and residents	3	-	-	2	1	-
Nutritional guidance	11	-	-	10	1	-
Pharmaceutical service	1	1	-	-	-	-
Appliances and equipment	7	1	-	5	1	-
Vocational guidance	1	-	-	-	1	-
Other services	2	-	-	2	-	-
MASSACHUSETTS						
All agencies	179	116	4	49	10	-
Number reporting:						
Nursing care	179	116	4	49	10	-
Physical therapy	135	92	2	31	10	-
Occupational therapy	25	10	2	9	4	-
Speech therapy	23	13	2	5	3	-
Medical social services	33	14	2	11	6	-
Home health aide services	29	16	-	10	3	-
Interns and residents	1	-	-	-	1	-
Nutritional guidance	10	3	-	3	4	-
Pharmaceutical service	4	-	-	-	4	-
Appliances and equipment	22	17	-	1	4	-
Vocational guidance	-	-	-	-	-	-
Other services	9	7	-	1	1	-

Region, division, State, and services provided	All home health agencies	Visiting nurse association	Combined government and voluntary agency	Official health agency	Hospital-based agency	All other
MICHIGAN						
All agencies	50	11	3	33	3	-
Number reporting:						
Nursing care	50	11	3	33	3	-
Physical therapy	35	10	2	20	3	-
Occupational therapy	11	5	1	3	2	-
Speech therapy	19	7	-	11	1	-
Medical social services	13	7	-	5	1	-
Home health aide services	23	5	1	14	3	-
Interns and residents	-	-	-	-	-	-
Nutritional guidance	7	3	-	3	1	-
Pharmaceutical service	2	1	-	-	1	-
Appliances and equipment	2	1	-	1	-	-
Vocational guidance	-	-	-	-	-	-
Other services	-	-	-	-	-	-
MINNESOTA						
All agencies	47	3	3	36	4	1
Number reporting:						
Nursing care	47	3	3	36	4	1
Physical therapy	23	2	2	15	4	-
Occupational therapy	11	1	2	6	2	-
Speech therapy	9	1	2	4	2	-
Medical social services	2	-	1	-	1	-
Home health aide services	37	2	3	27	4	1
Interns and residents	-	-	-	-	-	-
Nutritional guidance	8	-	-	5	3	-
Pharmaceutical service	2	-	-	-	2	-
Appliances and equipment	10	1	1	5	3	-
Vocational guidance	-	-	-	-	-	-
Other services	1	-	-	1	-	-
MISSISSIPPI						
All agencies	47	-	-	45	2	-
Number reporting:						
Nursing care	47	-	-	45	2	-
Physical therapy	45	-	-	44	1	-
Occupational therapy	1	-	-	1	-	-
Speech therapy	2	-	-	2	-	-
Medical social services	4	-	-	4	-	-
Home health aide services	20	-	-	18	2	-
Interns and residents	-	-	-	-	-	-
Nutritional guidance	9	-	-	8	1	-
Pharmaceutical service	1	-	-	1	-	-
Appliances and equipment	2	-	-	1	1	-
Vocational guidance	-	-	-	-	-	-
Other services	3	-	-	3	-	-
MISSOURI						
All agencies	21	3	-	10	6	2
Number reporting:						
Nursing care	21	3	-	10	6	2
Physical therapy	14	3	-	3	6	2
Occupational therapy	6	1	-	-	3	2
Speech therapy	7	1	-	1	3	2
Medical social services	8	1	-	-	5	2
Home health aide services	18	3	-	8	5	2
Interns and residents	4	-	-	-	4	-
Nutritional guidance	9	3	-	-	4	2
Pharmaceutical service	6	-	-	-	4	2
Appliances and equipment	9	1	-	1	5	2
Vocational guidance	2	-	-	-	1	1
Other services	4	-	-	-	2	2
MONTANA						
All agencies	13	-	-	9	3	1
Number reporting:						
Nursing care	13	-	-	9	3	1
Physical therapy	10	-	-	6	3	1
Occupational therapy	3	-	-	2	1	-
Speech therapy	1	-	-	1	-	-
Medical social services	-	-	-	-	-	-
Home health aide services	5	-	-	3	1	1
Interns and residents	-	-	-	-	-	-
Nutritional guidance	2	-	-	-	1	1
Pharmaceutical service	-	-	-	-	-	-
Appliances and equipment	3	-	-	1	2	-
Vocational guidance	-	-	-	-	-	-
Other services	1	-	-	1	-	-

Table 3.2.2 NUMBER OF HOME HEALTH AGENCIES AND SERVICES PROVIDED, BY TYPE OF AGENCY, REGION, DIVISION, AND STATE —Con.

[See NOTES preceding General Tables]

Region, division, State, and services provided	All home health agencies	Visiting nurse association	Combined government and voluntary agency	Official health agency	Hospital-based agency	All other
NEBRASKA						
All agencies	5	-	1	-	3	1
Number reporting:						
Nursing care	5	-	1	-	3	1
Physical therapy	3	-	-	-	3	-
Occupational therapy	-	-	-	-	-	-
Speech therapy	-	-	-	-	-	-
Medical social services	-	-	-	-	-	-
Home health aide services	3	-	1	-	1	1
Interns and residents	-	-	-	-	-	-
Nutritional guidance	-	-	-	-	-	-
Pharmaceutical service	-	-	-	-	-	-
Appliances and equipment	-	-	-	-	-	-
Vocational guidance	-	-	-	-	-	-
Other services	-	-	-	-	-	-
NEVADA						
All agencies	3	1	1	1	-	-
Number reporting:						
Nursing care	3	1	1	1	-	-
Physical therapy	2	-	1	1	-	-
Occupational therapy	-	-	-	-	-	-
Speech therapy	-	-	-	-	-	-
Medical social services	-	-	-	-	-	-
Home health aide services	1	1	-	-	-	-
Interns and residents	-	-	-	-	-	-
Nutritional guidance	-	-	-	-	-	-
Pharmaceutical service	-	-	-	-	-	-
Appliances and equipment	-	-	-	-	-	-
Vocational guidance	-	-	-	-	-	-
Other services	-	-	-	-	-	-
NEW HAMPSHIRE						
All agencies	33	26	-	5	1	1
Number reporting:						
Nursing care	33	26	-	5	1	1
Physical therapy	27	21	-	4	1	1
Occupational therapy	6	5	-	-	-	1
Speech therapy	5	2	-	1	1	1
Medical social services	6	4	-	1	-	1
Home health aide services	3	3	-	-	-	-
Interns and residents	-	-	-	-	-	-
Nutritional guidance	2	1	-	1	-	-
Pharmaceutical service	1	-	-	-	1	-
Appliances and equipment	3	2	-	-	-	1
Vocational guidance	1	-	-	-	-	1
Other services	1	-	-	-	-	1
NEW JERSEY						
All agencies	55	28	3	15	9	-
Number reporting:						
Nursing care	55	28	3	15	9	-
Physical therapy	50	26	3	12	9	-
Occupational therapy	10	5	-	-	5	-
Speech therapy	15	5	1	2	7	-
Medical social services	12	3	1	1	7	-
Home health aide services	44	22	3	13	6	-
Interns and residents	4	-	-	-	4	-
Nutritional guidance	15	5	2	2	6	-
Pharmaceutical service	7	1	-	-	6	-
Appliances and equipment	19	8	2	2	7	-
Vocational guidance	1	1	-	-	-	-
Other services	5	3	-	-	2	-
NEW MEXICO						
All agencies	5	1	1	2	1	-
Number reporting:						
Nursing care	5	1	1	2	1	-
Physical therapy	4	1	1	1	1	-
Occupational therapy	1	1	-	-	-	-
Speech therapy	2	1	-	1	-	-
Medical social services	3	1	1	1	-	-
Home health aide services	4	1	1	1	1	-
Interns and residents	-	-	-	-	-	-
Nutritional guidance	4	-	1	2	1	-
Pharmaceutical service	-	-	-	-	-	-
Appliances and equipment	3	1	1	1	-	-
Vocational guidance	-	-	-	-	-	-
Other services	1	-	-	1	-	-
NEW YORK						
All agencies	136	27	7	61	41	-
Number reporting:						
Nursing care	136	27	7	61	41	-
Physical therapy	124	25	6	61	32	-
Occupational therapy	18	1	-	6	11	-
Speech therapy	23	2	-	6	15	-
Medical social services	48	8	2	9	29	-
Home health aide services	62	10	2	18	32	-
Interns and residents	12	-	-	-	12	-
Nutritional guidance	76	12	6	32	26	-
Pharmaceutical service	33	1	1	-	31	-
Appliances and equipment	57	9	5	10	33	-
Vocational guidance	13	-	-	4	9	-
Other services	33	6	1	4	22	-
NORTH CAROLINA						
All agencies	16	2	2	11	-	1
Number reporting:						
Nursing care	16	2	2	11	-	1
Physical therapy	14	1	1	11	-	1
Occupational therapy	-	-	-	-	-	-
Speech therapy	1	-	-	1	-	-
Medical social services	1	1	-	-	-	-
Home health aide services	8	1	1	5	-	1
Interns and residents	-	-	-	-	-	-
Nutritional guidance	6	-	1	5	-	-
Pharmaceutical service	-	-	-	-	-	-
Appliances and equipment	6	1	-	4	-	1
Vocational guidance	2	-	-	2	-	-
Other services	4	-	-	3	-	1
NORTH DAKOTA						
All agencies	7	-	-	6	1	-
Number reporting:						
Nursing care	7	-	-	6	1	-
Physical therapy	5	-	-	5	-	-
Occupational therapy	2	-	-	2	-	-
Speech therapy	4	-	-	4	-	-
Medical social services	-	-	-	-	-	-
Home health aide services	5	-	-	4	1	-
Interns and residents	-	-	-	-	-	-
Nutritional guidance	-	-	-	-	-	-
Pharmaceutical service	-	-	-	-	-	-
Appliances and equipment	-	-	-	-	-	-
Vocational guidance	-	-	-	-	-	-
Other services	-	-	-	-	-	-
OHIO						
All agencies	103	24	6	70	2	1
Number reporting:						
Nursing care	103	24	6	70	2	1
Physical therapy	65	20	6	38	1	-
Occupational therapy	10	4	3	2	-	1
Speech therapy	32	9	2	21	-	-
Medical social services	2	2	-	-	-	-
Home health aide services	51	12	4	33	2	-
Interns and residents	-	-	-	-	-	-
Nutritional guidance	13	6	3	1	2	1
Pharmaceutical service	7	4	-	1	1	1
Appliances and equipment	13	7	3	2	1	-
Vocational guidance	-	-	-	-	-	-
Other services	4	-	2	-	1	1
OKLAHOMA						
All agencies	53	-	1	52	-	-
Number reporting:						
Nursing care	53	-	1	52	-	-
Physical therapy	3	-	1	2	-	-
Occupational therapy	-	-	-	-	-	-
Speech therapy	3	-	-	3	-	-
Medical social services	5	-	-	5	-	-
Home health aide services	53	-	1	52	-	-
Interns and residents	-	-	-	-	-	-
Nutritional guidance	1	-	1	-	-	-
Pharmaceutical service	-	-	-	-	-	-
Appliances and equipment	25	-	-	25	-	-
Vocational guidance	-	-	-	-	-	-
Other services	1	-	-	1	-	-

Table 3.2.2 NUMBER OF HOME HEALTH AGENCIES AND SERVICES PROVIDED, BY TYPE OF AGENCY, REGION, DIVISION, AND STATE —Con.

[See NOTES preceding General Tables]

Region, division, State, and services provided	All home health agencies	Visiting nurse association	Combined government and voluntary agency	Official health agency	Hospital-based agency	All other
OREGON						
All agencies	30	3	-	25	1	1
Number reporting:						
Nursing care	30	3	-	25	1	1
Physical therapy	20	3	-	15	1	1
Occupational therapy	6	3	-	2	1	-
Speech therapy	8	3	-	4	1	-
Medical social services	10	3	-	6	1	-
Home health aide services	17	3	-	13	1	-
Interns and residents	-	-	-	-	-	-
Nutritional guidance	7	2	-	4	1	-
Pharmaceutical service	2	1	-	-	1	-
Appliances and equipment	15	3	-	11	1	-
Vocational guidance	1	1	-	-	-	-
Other services	3	2	-	1	-	-
PENNSYLVANIA						
All agencies	142	59	4	63	15	1
Number reporting:						
Nursing care	142	59	4	63	15	1
Physical therapy	129	47	4	63	14	1
Occupational therapy	18	7	1	1	9	-
Speech therapy	22	9	1	1	10	1
Medical social services	80	4	1	63	12	-
Home health aide services	30	17	3	-	10	-
Interns and residents	3	-	-	-	3	-
Nutritional guidance	14	1	1	1	11	-
Pharmaceutical service	6	-	-	-	6	-
Appliances and equipment	17	6	3	-	7	1
Vocational guidance	2	-	-	-	2	-
Other services	9	3	-	-	6	-
RHODE ISLAND						
All agencies	23	21	-	1	1	-
Number reporting:						
Nursing care	23	21	-	1	1	-
Physical therapy	19	18	-	1	-	-
Occupational therapy	1	1	-	-	-	-
Speech therapy	-	-	-	-	-	-
Medical social services	3	2	-	1	-	-
Home health aide services	5	5	-	-	-	-
Interns and residents	-	-	-	-	-	-
Nutritional guidance	4	2	-	1	1	-
Pharmaceutical service	1	-	-	-	1	-
Appliances and equipment	3	2	-	-	1	-
Vocational guidance	-	-	-	-	-	-
Other services	1	1	-	-	-	-
SOUTH CAROLINA						
All agencies	39	1	-	37	-	1
Number reporting:						
Nursing care	39	1	-	37	-	1
Physical therapy	17	1	-	15	-	1
Occupational therapy	7	-	-	6	-	1
Speech therapy	11	-	-	10	-	1
Medical social services	2	-	-	2	-	-
Home health aide services	19	-	-	19	-	-
Interns and residents	1	-	-	1	-	-
Nutritional guidance	1	-	-	1	-	-
Pharmaceutical service	-	-	-	-	-	-
Appliances and equipment	3	-	-	2	-	1
Vocational guidance	1	-	-	-	-	1
Other services	1	-	-	-	-	1
SOUTH DAKOTA						
All agencies	5	1	-	3	1	-
Number reporting:						
Nursing care	5	1	-	3	1	-
Physical therapy	3	1	-	1	1	-
Occupational therapy	-	-	-	-	-	-
Speech therapy	1	-	-	-	1	-
Medical social services	-	-	-	-	-	-
Home health aide services	3	-	-	3	-	-
Interns and residents	-	-	-	-	-	-
Nutritional guidance	1	-	-	-	1	-
Pharmaceutical service	-	-	-	-	-	-
Appliances and equipment	-	-	-	-	-	-
Vocational guidance	-	-	-	-	-	-
Other services	-	-	-	-	-	-

Region, division, State, and services provided	All home health agencies	Visiting nurse association	Combined government and voluntary agency	Official health agency	Hospital-based agency	All other
TENNESSEE						
All agencies	78	1	-	77	-	-
Number reporting:						
Nursing care	78	1	-	77	-	-
Physical therapy	78	1	-	77	-	-
Occupational therapy	2	-	-	2	-	-
Speech therapy	38	1	-	37	-	-
Medical social services	36	-	-	36	-	-
Home health aide services	26	1	-	25	-	-
Interns and residents	-	-	-	-	-	-
Nutritional guidance	17	-	-	17	-	-
Pharmaceutical service	2	-	-	2	-	-
Appliances and equipment	2	-	-	2	-	-
Vocational guidance	2	-	-	2	-	-
Other services	2	-	-	2	-	-
TEXAS						
All agencies	30	7	-	21	1	1
Number reporting:						
Nursing care	30	7	-	21	1	1
Physical therapy	22	5	-	15	1	1
Occupational therapy	7	-	-	5	1	1
Speech therapy	13	3	-	8	1	1
Medical social services	9	2	-	6	-	1
Home health aide services	11	3	-	7	1	-
Interns and residents	1	-	-	-	1	-
Nutritional guidance	11	3	-	7	1	-
Pharmaceutical service	2	1	-	1	-	-
Appliances and equipment	10	5	-	3	1	1
Vocational guidance	3	1	-	1	-	1
Other services	4	-	-	3	1	-
UTAH						
All agencies	8	1	-	6	1	-
Number reporting:						
Nursing care	8	1	-	6	1	-
Physical therapy	7	1	-	5	1	-
Occupational therapy	1	-	-	-	1	-
Speech therapy	1	-	-	1	-	-
Medical social services	4	1	-	2	1	-
Home health aide services	5	1	-	3	1	-
Interns and residents	1	-	-	-	1	-
Nutritional guidance	3	-	-	2	1	-
Pharmaceutical service	1	-	-	-	1	-
Appliances and equipment	2	-	-	1	1	-
Vocational guidance	-	-	-	-	-	-
Other services	-	-	-	-	-	-
VERMONT						
All agencies	9	7	-	2	-	-
Number reporting:						
Nursing care	9	7	-	2	-	-
Physical therapy	5	4	-	1	-	-
Occupational therapy	3	2	-	1	-	-
Speech therapy	2	1	-	1	-	-
Medical social services	2	2	-	-	-	-
Home health aide services	1	1	-	-	-	-
Interns and residents	-	-	-	-	-	-
Nutritional guidance	-	-	-	-	-	-
Pharmaceutical service	-	-	-	-	-	-
Appliances and equipment	4	3	-	1	-	-
Vocational guidance	-	-	-	-	-	-
Other services	-	-	-	-	-	-
VIRGINIA						
All agencies	130	3	-	127	-	-
Number reporting:						
Nursing care	130	3	-	127	-	-
Physical therapy	22	3	-	19	-	-
Occupational therapy	-	-	-	-	-	-
Speech therapy	5	-	-	5	-	-
Medical social services	4	-	-	4	-	-
Home health aide services	125	1	-	124	-	-
Interns and residents	-	-	-	-	-	-
Nutritional guidance	2	-	-	2	-	-
Pharmaceutical service	-	-	-	-	-	-
Appliances and equipment	2	1	-	1	-	-
Vocational guidance	-	-	-	-	-	-
Other services	1	1	-	-	-	-

Table 3.2.2 NUMBER OF HOME HEALTH AGENCIES AND SERVICES PROVIDED, BY TYPE OF AGENCY, REGION, DIVISION, AND STATE —Con.

[See NOTES preceding General Tables]

Region, division, State, and services provided	All home health agencies	Visiting nurse association	Combined government and voluntary agency	Official health agency	Hospital-based agency	All other
WASHINGTON						
All agencies	27	3	4	17	3	-
Number reporting:						
Nursing care	27	3	4	17	3	-
Physical therapy	20	3	2	12	3	-
Occupational therapy	6	-	-	4	2	-
Speech therapy	6	1	1	3	1	-
Medical social services	8	-	-	7	1	-
Home health aide services	2	-	2	-	-	-
Interns and residents	1	-	-	-	1	-
Nutritional guidance	4	-	-	1	3	-
Pharmaceutical service	3	-	-	-	3	-
Appliances and equipment	3	-	-	-	3	-
Vocational guidance	1	-	-	-	1	-
Other services	3	-	-	1	2	-
WEST VIRGINIA						
All agencies	20	2	1	15	1	1
Number reporting:						
Nursing care	20	2	1	15	1	1
Physical therapy	11	1	-	8	1	1
Occupational therapy	-	-	-	-	-	-
Speech therapy	5	1	-	4	-	-
Medical social services	7	2	-	4	1	-
Home health aide services	13	2	1	8	1	1
Interns and residents	-	-	-	-	-	-
Nutritional guidance	3	1	-	1	-	1
Pharmaceutical service	4	1	-	2	-	1
Appliances and equipment	5	1	-	3	-	1
Vocational guidance	-	-	-	-	-	-
Other services	2	1	-	-	-	1
WISCONSIN						
All agencies	58	14	-	36	5	3
Number reporting:						
Nursing care	58	14	-	36	5	3
Physical therapy	30	9	-	14	4	3
Occupational therapy	25	10	-	11	1	3
Speech therapy	12	4	-	4	1	3
Medical social services	7	1	-	3	2	1
Home health aide services	27	6	-	15	5	1
Interns and residents	2	-	-	-	1	1
Nutritional guidance	6	-	-	2	4	-
Pharmaceutical service	3	-	-	-	3	-
Appliances and equipment	17	6	-	4	5	2
Vocational guidance	3	-	-	-	-	3
Other services	6	1	-	-	2	3
WYOMING						
All agencies	8	-	-	8	-	-
Number reporting:						
Nursing care	8	-	-	8	-	-
Physical therapy	-	-	-	-	-	-
Occupational therapy	-	-	-	-	-	-
Speech therapy	-	-	-	-	-	-
Medical social services	-	-	-	-	-	-
Home health aide services	8	-	-	8	-	-
Interns and residents	-	-	-	-	-	-
Nutritional guidance	-	-	-	-	-	-
Pharmaceutical service	-	-	-	-	-	-
Appliances and equipment	-	-	-	-	-	-
Vocational guidance	-	-	-	-	-	-
Other services	-	-	-	-	-	-
OUTLYING AREAS						
Guam						
All agencies	1	-	-	1	-	-
Number reporting:						
Nursing care	1	-	-	1	-	-
Physical therapy	1	-	-	1	-	-
Occupational therapy	-	-	-	-	-	-
Speech therapy	-	-	-	-	-	-
Medical social services	-	-	-	-	-	-
Home health aide services	-	-	-	-	-	-
Interns and residents	-	-	-	-	-	-
Nutritional guidance	-	-	-	-	-	-
Pharmaceutical service	-	-	-	-	-	-
Appliances and equipment	-	-	-	-	-	-
Vocational guidance	-	-	-	-	-	-
Other services	-	-	-	-	-	-
Puerto Rico						
All agencies	2	1	-	-	1	-
Number reporting:						
Nursing care	2	1	-	-	1	-
Physical therapy	2	1	-	-	1	-
Occupational therapy	1	-	-	-	1	-
Speech therapy	1	-	-	-	1	-
Medical social services	1	-	-	-	1	-
Home health aide services	2	1	-	-	1	-
Interns and residents	-	-	-	-	-	-
Nutritional guidance	2	1	-	-	1	-
Pharmaceutical service	1	-	-	-	1	-
Appliances and equipment	1	-	-	-	1	-
Vocational guidance	1	-	-	-	1	-
Other services	-	-	-	-	-	-
Virgin Islands						
All agencies	1	-	-	1	-	-
Number reporting:						
Nursing care	1	-	-	1	-	-
Physical therapy	1	-	-	1	-	-
Occupational therapy	-	-	-	-	-	-
Speech therapy	1	-	-	1	-	-
Medical social services	1	-	-	1	-	-
Home health aide services	1	-	-	1	-	-
Interns and residents	-	-	-	-	-	-
Nutritional guidance	1	-	-	1	-	-
Pharmaceutical service	1	-	-	1	-	-
Appliances and equipment	1	-	-	1	-	-
Vocational guidance	-	-	-	-	-	-
Other services	1	-	-	1	-	-
Other Outlying Areas						
All agencies	-	-	-	-	-	-
Number reporting:						
Nursing care	-	-	-	-	-	-
Physical therapy	-	-	-	-	-	-
Occupational therapy	-	-	-	-	-	-
Speech therapy	-	-	-	-	-	-
Medical social services	-	-	-	-	-	-
Home health aide services	-	-	-	-	-	-
Interns and residents	-	-	-	-	-	-
Nutritional guidance	-	-	-	-	-	-
Pharmaceutical service	-	-	-	-	-	-
Appliances and equipment	-	-	-	-	-	-
Vocational guidance	-	-	-	-	-	-
Other services	-	-	-	-	-	-

Table 3.2.3 NUMBER OF HOME HEALTH AGENCIES AND RATIOS OF SELECTED STAFF, BY TYPE OF AGENCY, REGION, DIVISION, AND STATE

[See NOTES preceding General Tables]

Region, division, State, and type of agency	All home health agencies	Registered professional nurses	Licensed practical nurses	Registered professional nurses per agency	Licensed practical nurses per agency
ALL AREAS					
Total	2 111	15 636.2	1 279.9	7.4	0.6
Visiting Nurse Association	567	4 590.4	568.5	8.1	1.0
Combined Government and voluntary agency	102	1 484.4	108.5	14.6	1.1
Official health agency	1 238	9 004.7	255.4	7.3	0.2
Hospital based agency	161	318.8	232.9	2.0	1.4
All other	43	238.0	114.7	5.5	2.7
UNITED STATES					
Total	2 107	15 595.2	1 272.9	7.4	0.6
Visiting Nurse Association	566	4 586.9	566.5	8.1	1.0
Combined Government and voluntary agency	102	1 484.4	108.5	14.6	1.1
Official health agency	1 236	8 970.2	252.4	7.3	0.2
Hospital based agency	160	315.8	230.9	2.0	1.4
All other	43	238.0	114.7	5.5	2.7
NORTHEASTERN STATES					
Total	703	4 744.5	506.9	6.7	0.7
Visiting Nurse Association	375	2 477.6	253.6	6.6	0.7
Combined Government and voluntary agency	20	282.3	16.5	14.1	0.8
Official health agency	224	1 800.7	28.0	8.0	0.1
Hospital based agency	82	183.5	208.8	2.2	2.5
All other	2	0.5	-	0.3	-
NORTH CENTRAL STATES					
Total	456	2 884.5	270.4	6.3	0.6
Visiting Nurse Association	104	1 047.2	129.9	10.1	1.2
Combined Government and voluntary agency	28	439.1	42.5	15.7	1.5
Official health agency	271	1 283.3	42.6	4.7	0.2
Hospital based agency	40	68.7	11.8	1.7	0.3
All other	13	46.3	43.7	3.6	3.4
SOUTH					
Total	716	5 191.1	290.8	7.3	0.4
Visiting Nurse Association	40	490.2	109.5	12.3	2.7
Combined Government and voluntary agency	34	372.2	11.0	10.9	0.3
Official health agency	619	4 287.3	150.0	6.9	0.2
Hospital based agency	13	21.4	5.3	1.6	0.4
All other	10	20.0	15.0	2.0	1.5
WEST					
Total	232	2 775.1	204.8	12.0	0.9
Visiting Nurse Association	47	572.0	73.5	12.2	1.6
Combined Government and voluntary agency	20	390.8	38.5	19.5	1.9
Official health agency	122	1 598.9	31.8	13.1	0.3
Hospital based agency	25	42.3	5.0	1.7	0.2
All other	18	171.3	56.0	9.5	3.1
NEW ENGLAND					
Total	370	1 525.3	100.4	4.1	0.3
Visiting Nurse Association	261	1 225.0	99.6	4.7	0.4
Combined Government and voluntary agency	6	27.0	-	4.5	-
Official health agency	85	231.6	-	2.7	-
Hospital based agency	17	41.2	0.8	2.4	0.0
All other	1	0.5	-	0.5	-
MIDDLE ATLANTIC					
Total	333	3 219.2	406.5	9.7	1.2
Visiting Nurse Association	114	1 252.6	154.0	11.0	1.4
Combined Government and voluntary agency	14	255.3	16.5	18.2	1.2
Official health agency	139	1 569.1	28.0	11.3	0.2
Hospital based agency	65	142.3	208.0	2.2	3.2
All other	1	-	-	-	-
EAST NORTH CENTRAL					
Total	321	2 291.2	211.9	7.1	0.7
Visiting Nurse Association	84	885.2	104.5	10.5	1.2
Combined Government and voluntary agency	16	319.0	25.5	19.9	1.6
Official health agency	194	1 029.5	32.8	5.3	0.2
Hospital based agency	18	32.9	8.5	1.8	0.5
All other	9	24.5	40.7	2.7	4.5
WEST NORTH CENTRAL					
Total	135	593.4	58.5	4.4	0.4
Visiting Nurse Association	20	162.0	25.4	8.1	1.3
Combined Government and voluntary agency	12	120.1	17.0	10.0	1.4
Official health agency	77	253.7	9.8	3.3	0.1
Hospital based agency	22	35.8	3.3	1.6	0.2
All other	4	21.8	3.0	5.4	0.8
SOUTH ATLANTIC					
Total	316	3 098.1	123.0	9.8	0.4
Visiting Nurse Association	23	298.7	52.0	13.0	2.3
Combined Government and voluntary agency	33	339.7	7.0	10.3	0.2
Official health agency	249	2 436.2	53.0	9.8	0.2
Hospital based agency	5	9.5	3.0	1.9	0.6
All other	6	14.0	8.0	2.3	1.3
EAST SOUTH CENTRAL					
Total	194	1 045.5	48.3	5.4	0.2
Visiting Nurse Association	5	78.5	2.0	15.7	0.4
Combined Government and voluntary agency	-	-	-	-	-
Official health agency	182	956.1	44.0	5.3	0.2
Hospital based agency	7	10.9	2.3	1.6	0.3
All other	-	-	-	-	-
WEST SOUTH CENTRAL					
Total	206	1 047.5	119.5	5.1	0.6
Visiting Nurse Association	12	113.0	55.5	9.4	4.6
Combined Government and voluntary agency	1	32.5	4.0	32.5	4.0
Official health agency	188	895.0	53.0	4.8	0.3
Hospital based agency	1	1.0	-	1.0	-
All other	4	6.0	7.0	1.5	1.8
MOUNTAIN					
Total	74	540.3	42.5	7.3	0.6
Visiting Nurse Association	7	82.5	11.0	11.8	1.6
Combined Government and voluntary agency	12	233.3	26.5	19.4	2.2
Official health agency	43	203.8	4.0	4.7	0.1
Hospital based agency	10	11.8	1.0	1.2	0.1
All other	2	9.0	-	4.5	-
PACIFIC					
Total	158	2 234.8	162.3	14.1	1.0
Visiting Nurse Association	40	489.5	62.5	12.2	1.6
Combined Government and voluntary agency	8	157.5	12.0	19.7	1.5
Official health agency	79	1 395.1	27.8	17.7	0.4
Hospital based agency	15	30.5	4.0	2.0	0.3
All other	16	162.3	56.0	10.1	3.5
ALABAMA					
Total	54	327.5	2.0	6.1	0.0
Visiting Nurse Association	2	23.5	2.0	11.8	1.0
Combined Government and voluntary agency	-	-	-	-	-
Official health agency	52	304.0	-	5.8	-
Hospital based agency	-	-	-	-	-
All other	-	-	-	-	-

Table 3.2.3 NUMBER OF HOME HEALTH AGENCIES AND RATIOS OF SELECTED STAFF, BY TYPE OF AGENCY, REGION, DIVISION, AND STATE—Con.

[See NOTES preceding General Tables]

Region, division, State, and type of agency	All home health agencies	Registered professional nurses	Licensed practical nurses	Registered professional nurses per agency	Licensed practical nurses per agency
ALASKA					
Total	1	13.0	-	13.0	-
Visiting Nurse Association	-	-	-	-	-
Combined Government and voluntary agency	-	-	-	-	-
Official health agency	1	13.0	-	13.0	-
Hospital based agency	-	-	-	-	-
All other	-	-	-	-	-
ARIZONA					
Total	10	73.5	12.5	7.4	1.3
Visiting Nurse Association	2	42.0	10.0	21.0	5.0
Combined Government and voluntary agency	2	2.0	-	1.0	-
Official health agency	5	28.5	2.5	5.7	0.5
Hospital based agency	1	1.0	-	1.0	-
All other	-	-	-	-	-
ARKANSAS					
Total	69	149.0	1.0	2.2	0.0
Visiting Nurse Association	1	7.0	1.0	7.0	1.0
Combined Government and voluntary agency	-	-	-	-	-
Official health agency	68	142.0	-	2.1	-
Hospital based agency	-	-	-	-	-
All other	-	-	-	-	-
CALIFORNIA					
Total	98	1 800.8	143.3	18.4	1.5
Visiting Nurse Association	34	444.6	59.5	13.1	1.8
Combined Government and voluntary agency	4	97.0	6.0	24.3	1.5
Official health agency	35	1 081.9	20.8	30.9	0.6
Hospital based agency	10	16.0	1.0	1.6	0.1
All other	15	161.3	56.0	10.8	3.7
COLORADO					
Total	17	294.3	19.5	17.3	1.1
Visiting Nurse Association	2	9.5	-	4.8	-
Combined Government and voluntary agency	6	215.0	19.5	35.8	3.3
Official health agency	8	61.8	-	7.7	-
Hospital based agency	-	-	-	-	-
All other	1	8.0	-	8.0	-
CONNECTICUT					
Total	103	562.9	24.6	5.5	0.2
Visiting Nurse Association	77	452.0	24.6	5.9	0.3
Combined Government and voluntary agency	1	8.0	-	8.0	-
Official health agency	24	101.4	-	4.2	-
Hospital based agency	1	1.5	-	1.5	-
All other	-	-	-	-	-
DELAWARE					
Total	8	81.0	11.0	10.1	1.4
Visiting Nurse Association	1	25.0	8.0	25.0	8.0
Combined Government and voluntary agency	1	-	-	-	-
Official health agency	4	55.0	3.0	13.8	0.8
Hospital based agency	1	1.0	-	1.0	-
All other	1	-	-	-	-
DISTRICT OF COLUMBIA					
Total	2	190.0	32.0	95.0	16.0
Visiting Nurse Association	1	47.0	16.0	47.0	16.0
Combined Government and voluntary agency	-	-	-	-	-
Official health agency	1	143.0	16.0	143.0	16.0
Hospital based agency	-	-	-	-	-
All other	-	-	-	-	-
FLORIDA					
Total	62	720.2	13.0	11.6	0.2
Visiting Nurse Association	10	127.1	8.0	12.7	0.8
Combined Government and voluntary agency	28	262.2	1.0	9.4	0.0
Official health agency	22	320.9	1.0	14.6	0.0
Hospital based agency	1	2.0	-	2.0	-
All other	1	8.0	3.0	8.0	3.0
GEORGIA					
Total	12	178.5	16.0	14.9	1.3
Visiting Nurse Association	1	26.0	-	26.0	-
Combined Government and voluntary agency	1	48.0	5.0	48.0	5.0
Official health agency	8	100.5	8.0	12.6	1.0
Hospital based agency	1	3.0	3.0	3.0	3.0
All other	1	1.0	-	1.0	-
HAWAII					
Total	2	29.5	-	14.8	-
Visiting Nurse Association	-	-	-	-	-
Combined Government and voluntary agency	-	-	-	-	-
Official health agency	1	26.0	-	26.0	-
Hospital based agency	1	3.5	-	3.5	-
All other	-	-	-	-	-
IDAHO					
Total	10	40.4	2.5	4.0	0.3
Visiting Nurse Association	-	-	-	-	-
Combined Government and voluntary agency	2	5.5	1.0	2.8	0.5
Official health agency	4	31.1	0.5	7.8	0.1
Hospital based agency	4	3.8	1.0	0.9	0.3
All other	-	-	-	-	-
ILLINOIS					
Total	84	540.5	69.3	6.4	0.8
Visiting Nurse Association	25	230.9	19.5	9.2	0.8
Combined Government and voluntary agency	5	89.8	9.5	18.0	1.9
Official health agency	43	180.5	5.0	4.2	0.1
Hospital based agency	7	18.8	3.0	2.7	0.4
All other	4	20.5	32.3	5.1	8.1
INDIANA					
Total	26	149.3	11.5	5.7	0.4
Visiting Nurse Association	10	89.8	8.0	9.0	0.8
Combined Government and voluntary agency	2	28.0	2.0	14.0	1.0
Official health agency	12	29.0	-	2.4	-
Hospital based agency	1	1.5	0.5	1.5	0.5
All other	1	1.0	1.0	1.0	1.0
IOWA					
Total	20	115.5	12.4	5.8	0.6
Visiting Nurse Association	12	64.0	10.4	5.3	0.9
Combined Government and voluntary agency	5	39.5	1.0	7.9	0.2
Official health agency	2	11.0	-	5.5	-
Hospital based agency	1	1.0	1.0	1.0	1.0
All other	-	-	-	-	-
KANSAS					
Total	30	125.8	2.0	4.2	0.1
Visiting Nurse Association	1	11.0	-	11.0	-
Combined Government and voluntary agency	3	3.0	-	1.0	-
Official health agency	20	99.3	1.0	5.0	0.1
Hospital based agency	6	12.5	1.0	2.1	0.2
All other	-	-	-	-	-

Table 3.2.3 NUMBER OF HOME HEALTH AGENCIES AND RATIOS OF SELECTED STAFF, BY TYPE OF AGENCY, REGION, DIVISION, AND STATE—Con.

[See NOTES preceding General Tables]

Region, division, State, and type of agency	All home health agencies	Registered professional nurses	Licensed practical nurses	Registered professional nurses per agency	Licensed practical nurses per agency
KENTUCKY					
Total	15	69.1	0.3	4.6	0.0
Visiting Nurse Association	2	40.0	-	20.0	-
Combined Government and voluntary agency	-	-	-	-	-
Official health agency	8	22.2	-	2.8	-
Hospital based agency	5	6.9	0.3	1.4	0.1
All other	-	-	-	-	-
LOUISIANA					
Total	54	266.5	35.5	4.9	0.7
Visiting Nurse Association	4	31.5	26.5	7.9	6.6
Combined Government and voluntary agency	-	-	-	-	-
Official health agency	47	229.0	2.0	4.9	0.0
Hospital based agency	-	-	-	-	-
All other	3	6.0	7.0	2.0	2.3
MAINE					
Total	23	58.0	-	2.5	-
Visiting Nurse Association	14	45.1	-	3.2	-
Combined Government and voluntary agency	1	2.0	-	2.0	-
Official health agency	4	5.0	-	1.3	-
Hospital based agency	4	5.9	-	1.5	-
All other	-	-	-	-	-
MARYLAND					
Total	27	752.0	15.0	27.9	0.6
Visiting Nurse Association	2	38.2	14.0	19.1	7.0
Combined Government and voluntary agency	-	-	-	-	-
Official health agency	24	711.8	1.0	29.7	0.0
Hospital based agency	1	2.0	-	2.0	-
All other	-	-	-	-	-
MASSACHUSETTS					
Total	179	623.6	47.1	3.5	0.3
Visiting Nurse Association	116	505.6	46.3	4.4	0.4
Combined Government and voluntary agency	4	17.0	-	4.3	-
Official health agency	49	73.5	-	1.5	-
Hospital based agency	10	27.6	0.8	2.8	0.1
All other	-	-	-	-	-
MICHIGAN					
Total	50	467.1	60.5	9.3	1.2
Visiting Nurse Association	11	190.5	40.5	17.3	3.7
Combined Government and voluntary agency	3	24.3	1.0	8.1	0.3
Official health agency	33	244.8	15.0	7.4	0.5
Hospital based agency	3	7.5	4.0	2.5	1.3
All other	-	-	-	-	-
MINNESOTA					
Total	47	140.0	25.3	3.0	0.5
Visiting Nurse Association	3	20.5	9.0	6.8	3.0
Combined Government and voluntary agency	3	36.6	9.0	12.2	3.0
Official health agency	36	77.7	7.3	2.2	0.2
Hospital based agency	4	3.8	-	0.9	-
All other	1	1.5	-	1.5	-
MISSISSIPPI					
Total	47	205.4	2.0	4.4	0.0
Visiting Nurse Association	-	-	-	-	-
Combined Government and voluntary agency	-	-	-	-	-
Official health agency	45	201.4	-	4.5	-
Hospital based agency	2	4.0	2.0	2.0	1.0
All other	-	-	-	-	-
MISSOURI					
Total	21	111.6	11.3	5.3	0.5
Visiting Nurse Association	3	65.0	6.0	21.7	2.0
Combined Government and voluntary agency	-	-	-	-	-
Official health agency	10	16.3	1.0	1.6	0.1
Hospital based agency	6	13.1	1.3	2.2	0.2
All other	2	17.3	3.0	8.6	1.5
MONTANA					
Total	13	30.2	-	2.3	-
Visiting Nurse Association	-	-	-	-	-
Combined Government and voluntary agency	-	-	-	-	-
Official health agency	9	26.2	-	2.9	-
Hospital based agency	3	3.0	-	1.0	-
All other	1	1.0	-	1.0	-
NEBRASKA					
Total	5	48.0	7.0	9.6	1.4
Visiting Nurse Association	-	-	-	-	-
Combined Government and voluntary agency	1	41.0	7.0	41.0	7.0
Official health agency	-	-	-	-	-
Hospital based agency	3	4.0	-	1.3	-
All other	1	3.0	-	3.0	-
NEVADA					
Total	3	6.3	2.0	2.1	0.7
Visiting Nurse Association	1	1.0	-	1.0	-
Combined Government and voluntary agency	1	2.3	2.0	2.3	2.0
Official health agency	1	3.0	-	3.0	-
Hospital based agency	-	-	-	-	-
All other	-	-	-	-	-
NEW HAMPSHIRE					
Total	33	67.6	1.0	2.0	0.0
Visiting Nurse Association	26	53.1	1.0	2.0	0.0
Combined Government and voluntary agency	-	-	-	-	-
Official health agency	5	9.0	-	1.8	-
Hospital based agency	1	5.0	-	5.0	-
All other	1	0.5	-	0.5	-
NEW JERSEY					
Total	55	534.2	39.6	9.7	0.7
Visiting Nurse Association	28	245.4	21.6	8.8	0.8
Combined Government and voluntary agency	3	80.5	7.0	26.8	2.3
Official health agency	15	167.8	6.0	11.2	0.4
Hospital based agency	9	40.6	5.0	4.4	0.6
All other	-	-	-	-	-
NEW MEXICO					
Total	5	33.3	5.0	6.7	1.0
Visiting Nurse Association	1	14.0	1.0	14.0	1.0
Combined Government and voluntary agency	1	8.5	4.0	8.5	4.0
Official health agency	2	9.8	-	4.9	-
Hospital based agency	1	1.0	-	1.0	-
All other	-	-	-	-	-
NEW YORK					
Total	136	1 734.9	107.0	12.8	0.8
Visiting Nurse Association	27	528.4	81.5	19.6	3.0
Combined Government and voluntary agency	7	36.3	4.5	5.2	0.6
Official health agency	61	1 110.7	20.0	18.2	0.3
Hospital based agency	41	59.6	1.0	1.5	0.0
All other	-	-	-	-	-

Table 3.2.3 NUMBER OF HOME HEALTH AGENCIES AND RATIOS OF SELECTED STAFF, BY TYPE OF AGENCY, REGION, DIVISION, AND STATE—Con.

[See NOTES preceding General Tables]

Region, division, State, and type of agency	All home health agencies	Registered professional nurses	Licensed practical nurses	Registered professional nurses per agency	Licensed practical nurses per agency
NORTH CAROLINA					
Total	16	217.5	5.0	13.6	0.3
Visiting Nurse Association	2	2.0	1.0	1.0	0.5
Combined Government and voluntary agency	2	27.5	1.0	13.8	0.5
Official health agency	11	186.0	1.0	16.9	0.1
Hospital based agency	-	-	-	-	-
All other	1	2.0	2.0	2.0	2.0
NORTH DAKOTA					
Total	7	18.0	-	2.6	-
Visiting Nurse Association	-	-	-	-	-
Combined Government and voluntary agency	-	-	-	-	-
Official health agency	6	17.5	-	2.9	-
Hospital based agency	1	0.5	-	0.5	-
All other	-	-	-	-	-
OHIO					
Total	103	860.6	53.6	8.4	0.5
Visiting Nurse Association	24	242.4	22.2	10.1	0.9
Combined Government and voluntary agency	6	177.0	13.0	29.5	2.2
Official health agency	70	436.2	10.0	6.2	0.1
Hospital based agency	2	2.0	1.0	1.0	0.5
All other	1	3.0	7.4	3.0	7.4
OKLAHOMA					
Total	53	219.5	17.0	4.1	0.3
Visiting Nurse Association	-	-	-	-	-
Combined Government and voluntary agency	1	32.5	4.0	32.5	4.0
Official health agency	52	187.0	13.0	3.6	0.3
Hospital based agency	-	-	-	-	-
All other	-	-	-	-	-
OREGON					
Total	30	255.7	11.1	8.5	0.4
Visiting Nurse Association	3	26.5	3.0	8.8	1.0
Combined Government and voluntary agency	-	-	-	-	-
Official health agency	25	224.2	7.1	9.0	0.3
Hospital based agency	1	4.0	1.0	4.0	1.0
All other	1	1.0	-	1.0	-
PENNSYLVANIA					
Total	142	950.1	259.9	6.7	1.8
Visiting Nurse Association	59	478.9	50.9	8.1	0.9
Combined Government and voluntary agency	4	138.5	5.0	34.6	1.3
Official health agency	63	290.6	2.0	4.6	0.0
Hospital based agency	15	42.1	202.0	2.8	13.5
All other	1	-	-	-	-
RHODE ISLAND					
Total	23	185.7	26.6	8.1	1.2
Visiting Nurse Association	21	146.5	26.6	7.0	1.3
Combined Government and voluntary agency	-	-	-	-	-
Official health agency	1	38.0	-	38.0	-
Hospital based agency	1	1.2	-	1.2	-
All other	-	-	-	-	-
SOUTH CAROLINA					
Total	39	251.5	-	6.4	-
Visiting Nurse Association	1	3.0	-	3.0	-
Combined Government and voluntary agency	-	-	-	-	-
Official health agency	37	248.5	-	6.7	-
Hospital based agency	-	-	-	-	-
All other	1	-	-	-	-
SOUTH DAKOTA					
Total	5	34.5	0.5	6.9	0.1
Visiting Nurse Association	1	1.5	-	1.5	-
Combined Government and voluntary agency	-	-	-	-	-
Official health agency	3	32.0	0.5	10.7	0.2
Hospital based agency	1	1.0	-	1.0	-
All other	-	-	-	-	-
TENNESSEE					
Total	78	443.5	44.0	5.7	0.6
Visiting Nurse Association	1	15.0	-	15.0	-
Combined Government and voluntary agency	-	-	-	-	-
Official health agency	77	428.5	44.0	5.6	0.6
Hospital based agency	-	-	-	-	-
All other	-	-	-	-	-
TEXAS					
Total	30	412.5	66.0	13.8	2.2
Visiting Nurse Association	7	74.5	28.0	10.6	4.0
Combined Government and voluntary agency	-	-	-	-	-
Official health agency	21	337.0	38.0	16.0	1.8
Hospital based agency	1	1.0	-	1.0	-
All other	1	-	-	-	-
UTAH					
Total	8	40.5	1.0	5.1	0.1
Visiting Nurse Association	1	16.0	-	16.0	-
Combined Government and voluntary agency	-	-	-	-	-
Official health agency	6	21.5	1.0	3.6	0.2
Hospital based agency	1	3.0	-	3.0	-
All other	-	-	-	-	-
VERMONT					
Total	9	27.7	1.1	3.1	0.1
Visiting Nurse Association	7	22.9	1.1	3.3	0.2
Combined Government and voluntary agency	-	-	-	-	-
Official health agency	2	4.8	-	2.4	-
Hospital based agency	-	-	-	-	-
All other	-	-	-	-	-
VIRGINIA					
Total	130	618.5	23.5	4.8	0.2
Visiting Nurse Association	3	24.5	5.0	8.2	1.7
Combined Government and voluntary agency	-	-	-	-	-
Official health agency	127	594.0	18.5	4.7	0.1
Hospital based agency	-	-	-	-	-
All other	-	-	-	-	-
WASHINGTON					
Total	27	135.9	8.0	5.0	0.3
Visiting Nurse Association	3	18.4	-	6.1	-
Combined Government and voluntary agency	4	60.5	6.0	15.1	1.5
Official health agency	17	50.0	-	2.9	-
Hospital based agency	3	7.0	2.0	2.3	0.7
All other	-	-	-	-	-
WEST VIRGINIA					
Total	20	88.9	7.5	4.4	0.4
Visiting Nurse Association	2	5.9	-	3.0	-
Combined Government and voluntary agency	1	2.0	-	2.0	-
Official health agency	15	76.5	4.5	5.1	0.3
Hospital based agency	1	1.5	-	1.5	-
All other	1	3.0	3.0	3.0	3.0

Table 3.2.3 NUMBER OF HOME HEALTH AGENCIES AND RATIOS OF SELECTED STAFF, BY TYPE OF AGENCY, REGION, DIVISION, AND STATE—Con.

[See NOTES preceding General Tables]

Region, division, State, and type of agency	All home health agencies	Registered professional nurses	Licensed practical nurses	Registered professional nurses per agency	Licensed practical nurses per agency
WISCONSIN					
Total	58	273.7	17.1	4.7	0.3
Visiting Nurse Association	14	131.6	14.3	9.4	1.0
Combined Government and voluntary agency	-	-	-	-	-
Official health agency	36	139.0	2.8	3.9	0.1
Hospital based agency	5	3.1	-	0.6	-
All other	3	-	-	-	-
WYOMING					
Total	8	22.0	-	2.8	-
Visiting Nurse Association	-	-	-	-	-
Combined Government and voluntary agency	-	-	-	-	-
Official health agency	8	22.0	-	2.8	-
Hospital based agency	-	-	-	-	-
All other	-	-	-	-	-
OUTLYING AREAS					
Guam					
Total	1	30.0	3.0	30.0	3.0
Visiting Nurse Association	-	-	-	-	-
Combined Government and voluntary agency	-	-	-	-	-
Official health agency	1	30.0	3.0	30.0	3.0
Hospital based agency	-	-	-	-	-
All other	-	-	-	-	-
OUTLYING AREAS—Con.					
Puerto Rico					
Total	2	6.5	4.0	3.3	2.0
Visiting Nurse Association	1	3.5	2.0	3.5	2.0
Combined Government and voluntary agency	-	-	-	-	-
Official health agency	-	-	-	-	-
Hospital based agency	1	3.0	2.0	3.0	2.0
All other	-	-	-	-	-
Virgin Islands					
Total	1	4.5	-	4.5	-
Visiting Nurse Association	-	-	-	-	-
Combined Government and voluntary agency	-	-	-	-	-
Official health agency	1	4.5	-	4.5	-
Hospital based agency	-	-	-	-	-
All other	-	-	-	-	-
Other Outlying Areas					
Total	-	-	-	-	-
Visiting Nurse Association	-	-	-	-	-
Combined Government and voluntary agency	-	-	-	-	-
Official health agency	-	-	-	-	-
Hospital based agency	-	-	-	-	-
All other	-	-	-	-	-

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The Current Medicare Survey (CMS) series, based on data from the continuing Current Medicare Survey, has included 13 releases since 1967. These issues are available in most libraries.

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The *Social Security Bulletin,* published monthly, presents authoritative articles and analyses of medical care expenditures, prices, and utilization as well as current operating statistics from the Medicare program. The *Annual Statistical Supplement* to the *Bulletin* includes summary data on trust funds, services, claims, enrollment, average charges and participating providers of service under Medicare. The *Bulletin,* including the *Supplement,* is available in most libraries and by subscription at $4 a year from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

The *Research and Statistics Note* series report on-going research, preliminary findings or provide addenda to material already published on the old-age, survivors, disability, and health insurance program. Designed to get information quickly into the hands of users, the series includes data on medical care prices, outlays, and expenditures. The series is available in many libraries. Future releases may be obtained upon request to the Publications Staff, Office of Research and Statistics, Social Security Administration, Room 3643, HEW North Building, 330 Independence Avenue, S.W., Washington, D.C. 20201.

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